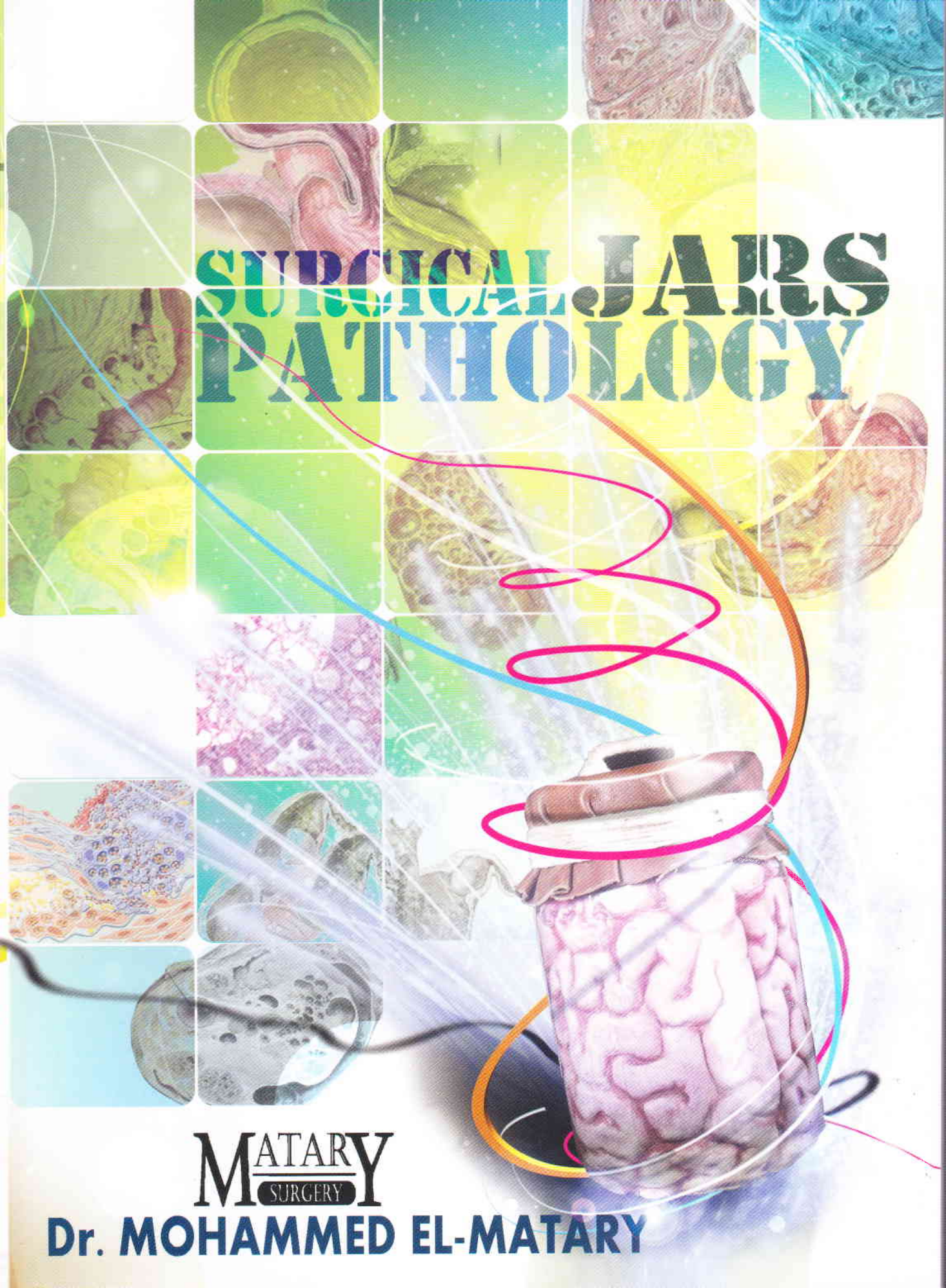




SURGICAL JARS PATHOLOGY

MATARY
SURGERY
Dr. MOHAMMED EL-MATARY

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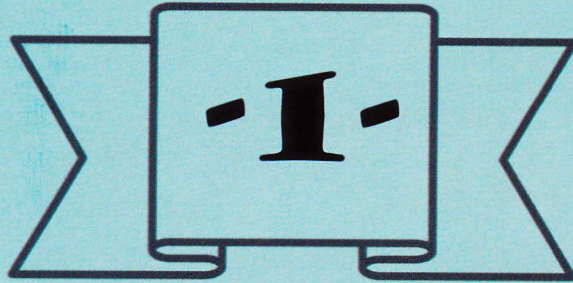
First Edition 2011

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**General
Jars
(Swellings)**

Preface

This book provides an update for medical students who need to keep abreast of recent developments. I hope also it will be useful for those preparing for postgraduate examination.

This book is designed to provide a concise summary of knowledge about surgical pathology, which medical students and others can use as study guide by itself.

This book is written primarily for those who have some knowledge of pathology specially surgical pathology.

The author is extremely grateful to all the contributors for the high standard of the new chapters, and hopes that you, the reader, will enjoy going through these pages as much as he had.

M. El-Matary

Dedication

*Allah the all merciful, I beg Thee
To accept this effort
For the soul of my mother
She was your gift for me*

Acknowledgement

The author wishes to acknowledge with gratitude all those who had helped in preparation and production of this book & who have contributed with their suggestions and ideas for the new edition:

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Cover design

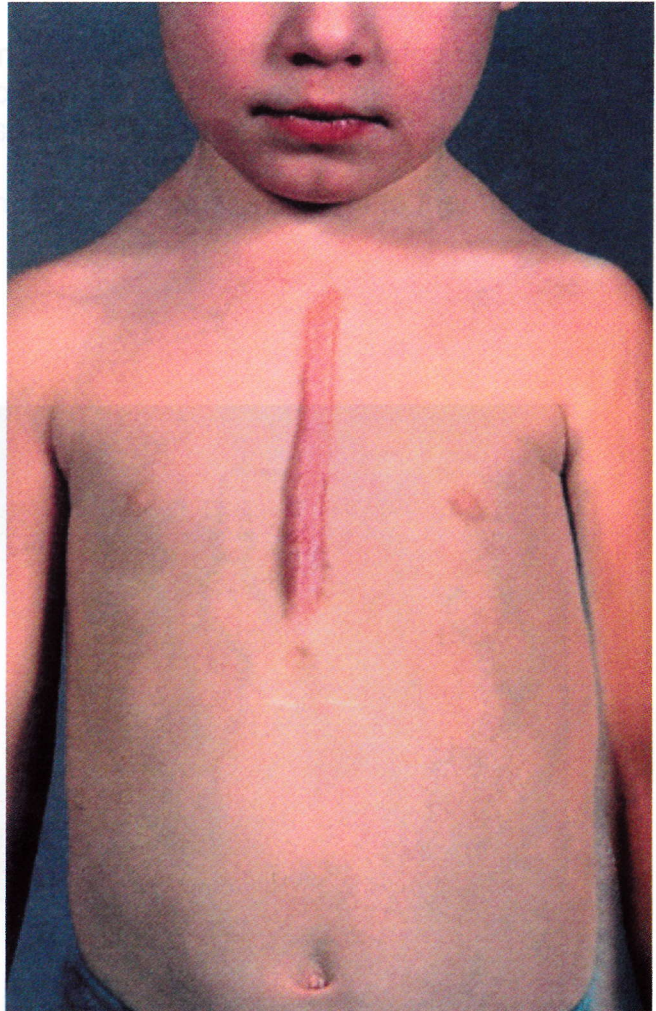
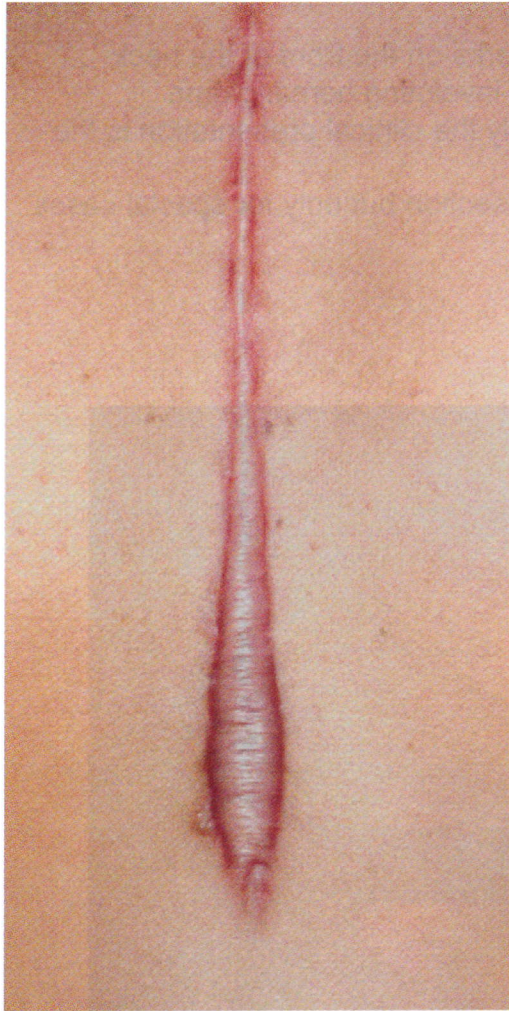
Mohamed Sami, M.B.B.Ch

Ain Shams University

Keloid

1. A picture of hypertrophic skin scar
2. Commonly affect black races
3. Mainly due to excessive fibrosis on healing of the wound
4. Raised hard swelling with well defined edge
5. Trauma and inflammation are predisposing factor
6. Presternal area and shoulder are spared sites
7. Treated by pressure and steroid injection inside the lesion





Cystic Hygroma

1. There is a huge right sided benign head swelling
2. Congenital in nature
3. Usually present in posterior triangle
4. Microscopically it is dilated venous spaces
5. Clinically it is lax cyst with expansile pulsation over it
6. It is a translucent swelling
7. Present at birth or at 1st year of life
8. A cause of respiratory distress
9. Treatment done as early as possible

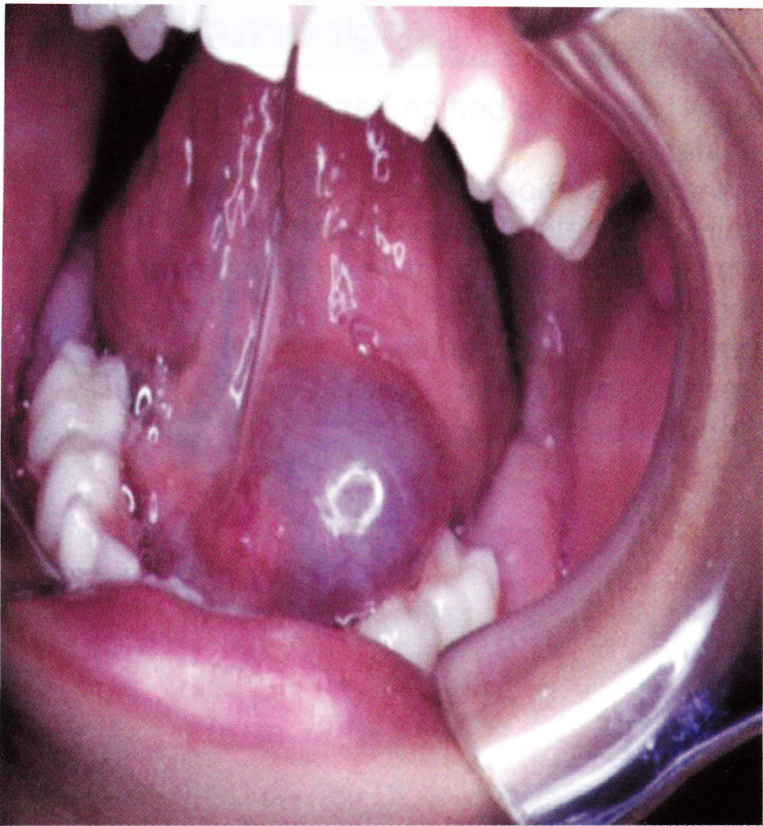




Ranula

1. There is a bilateral bluish cystic mass on the dorsum of the tongue
2. Originating from sublingual mucus membrane
3. Parotid duct passes over this swelling
4. It is a translucent swelling
5. Malignant in nature
6. Deep cervical L.N. not affected here
7. Excision is the treatment of choice





Hemangioma

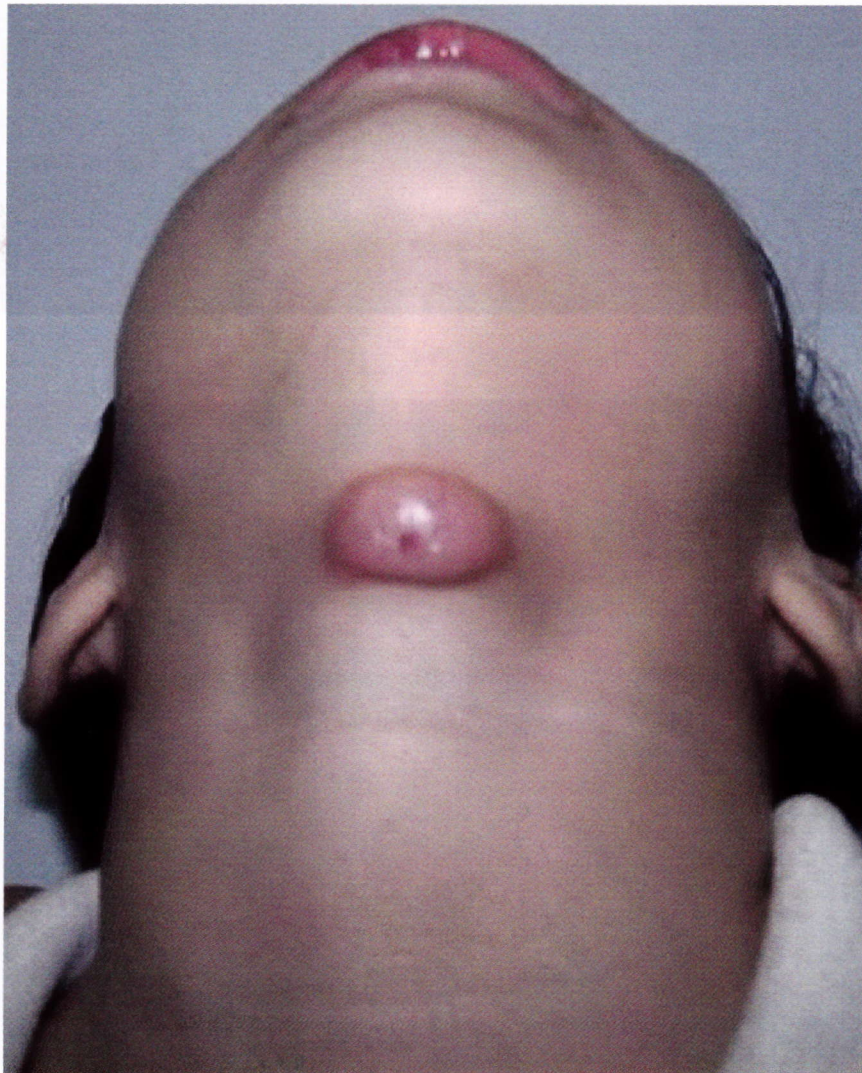
1. Involuting hemangiomas are much less common than non involuting type
2. Non involuting hemangionas are true neoplasm
3. Involuting hemangiomas commonly affect the head and neck
4. Involuting type usually affect fair skinned persons
5. One of the most common complication of involuting type is bleeding from ulcer
6. Salmon patch is pink,irregular shaped marks on the front of the neck
7. Port wine stain is the commonest type of involuting hemangioma
8. Wathever the type of hemangioma usually the clinical presentation is the same
9. Treatment of involuting type is by total resection but only for special cases

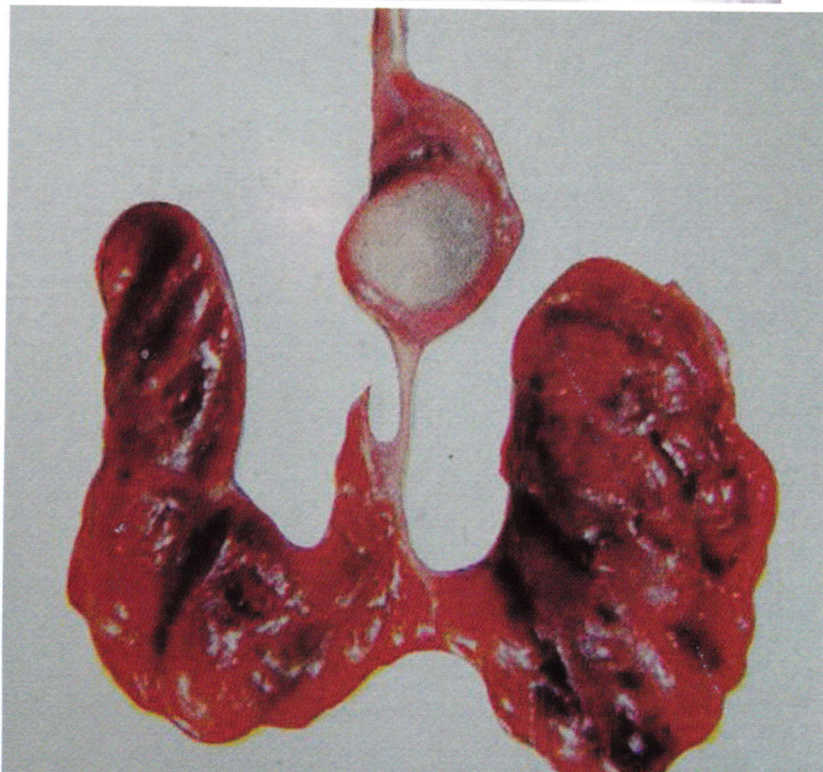




Thyroglossal Cyst

1. This lesion appear since birth
2. Usually this cyst contain watery material
3. This cyst lined by columnar epithelium
4. This cyst connected to hyoid bone by fibrous band
5. The commonest site for this cyst is subhyoid
6. The usual clinical presentation is mainly pain
7. By examination this swelling move up and down with deglutition but not with protrusion of the tongue
8. Ectopic thyroid is an important D.D
9. The commonest complication is rupture of the cyst
10. Treatment is by simple excision of this cyst





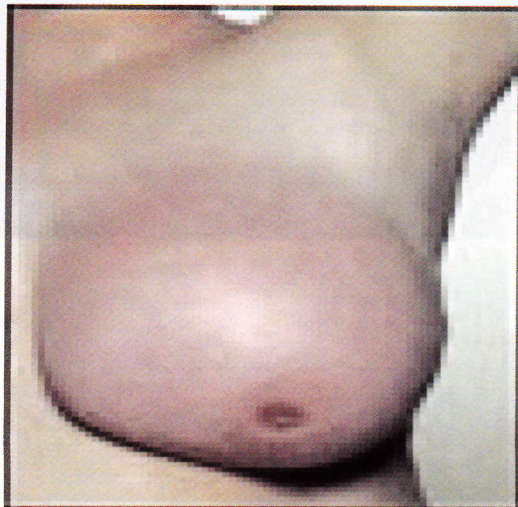
-2-

Breast Jars

Breast Abscess

1. This slide show heterogeneous malignant breast mass
2. The nipple shows excroration, pigmentation
3. This breast show multiple inflammatory signs
4. This pathology is traumatic in nature
5. Mostly caused by Echo-virus from baby mouth
6. Commonly affect nulipras females
7. Milk engorgment is a possible predisposing factor
8. This picture breast in the stage of milk engorgement
9. Pain, fever are important two symptoms
10. Fluctuation occurs early in the course of this adcess and indicate immediate drainage
11. If not treated it predispose to cancer breast
12. Elastic axillary lymph nodes enlargement is an important clue to exclude malignancy
13. Prophylactic measures have no role in prevention
14. Once pus formed immediate antibiotic course should be started

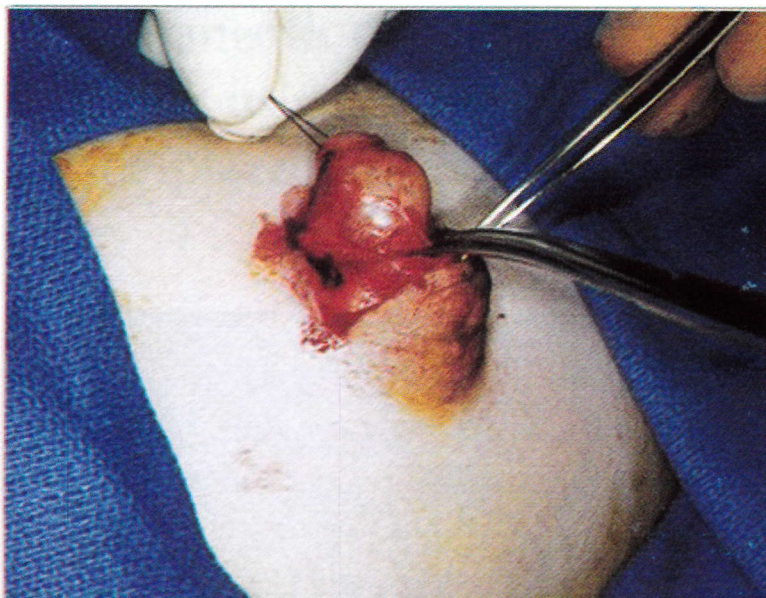
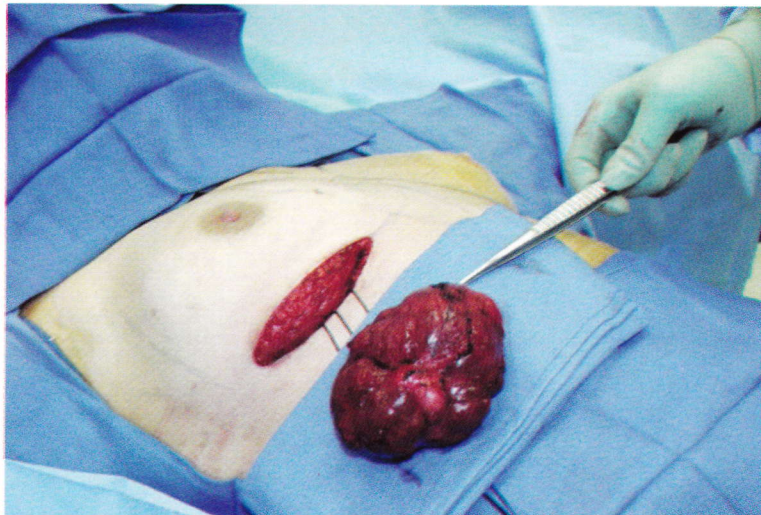
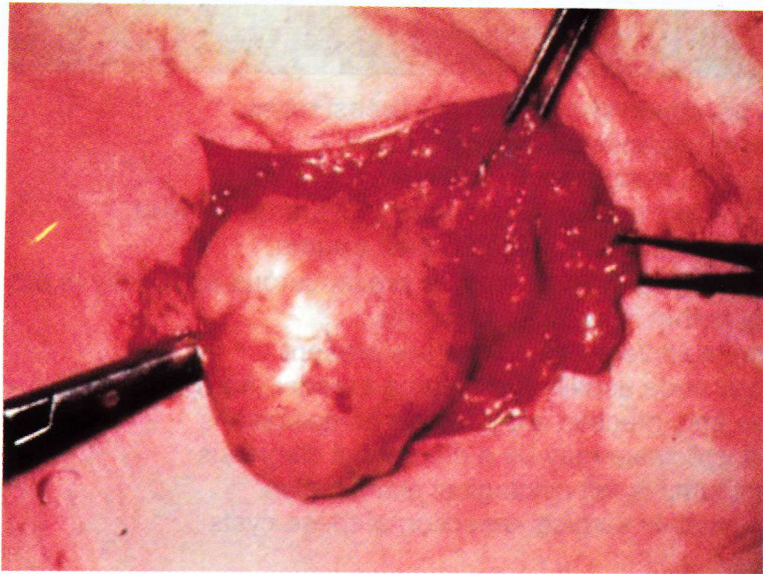




Fibroadenoma

1. This breast show well defined homogenous mass
2. There is area of hemorrhage and necrosis
3. The whitish color indicate excessive adenositis
4. This is the 2nd most common cause for breast mass in young females
5. This pathology is malignant in nature
6. The consistency of this mass may be hard or soft
7. Pain is the cardinal symptom
8. Clinically a lump can be felt with restricted mobility and irregular surface
9. Axillary lymph nodes usually enlarged but not tender or fixed
10. US is an important investigation
11. Ttt is essentially surgical
12. Pre and post operative radiotherapy is a must
13. Simple mastectomy may be done if the mass is huge

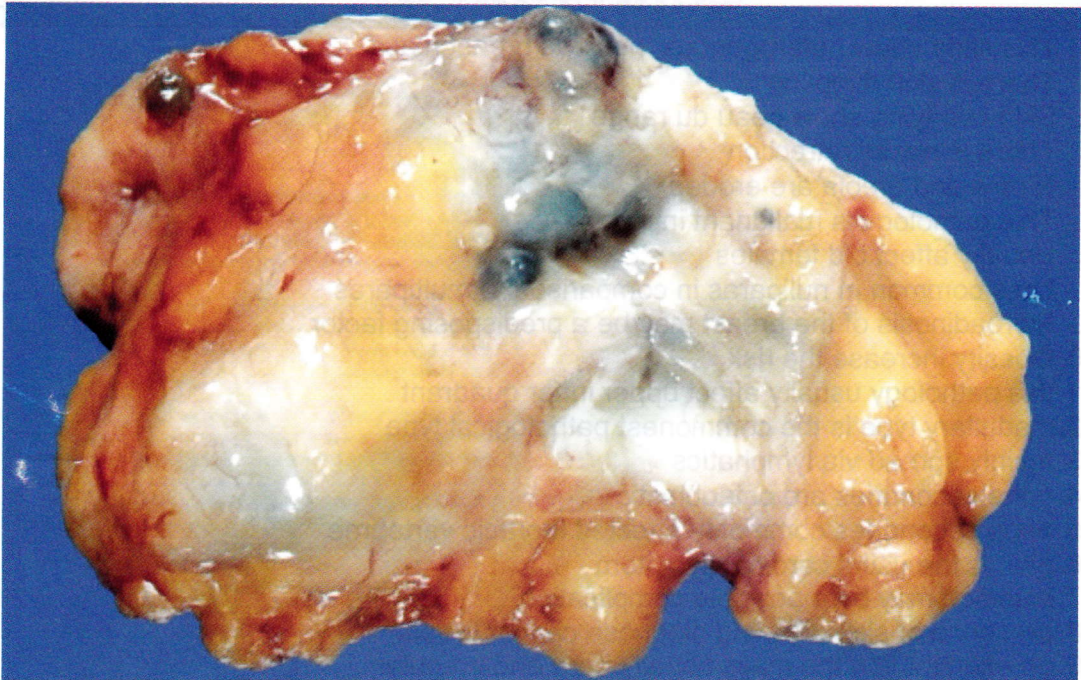




Fibrocystic disease

1. This breast specimen shows necrotic breast mass
2. There are cystic spaces all over specimen
3. This pathology is malignant in nature
4. This disease affect mainly middle aged multiparas females
5. Usually predisposed by repeated breast trauma
6. In some pathological types it may be precancerous especially in old females
7. The main symptom is cystic mastodynia
8. On palpation multiple breast lumps are present
9. Axillary lymph node usually are enlarged,tender ,hard and fixed
10. Hemorrhage and infection are possible complications
11. Mammary ductectasia may be a differential diagnosis
12. When breast lump is felt cytological examination
13. Treatment is mainly surgical resection of these cysts

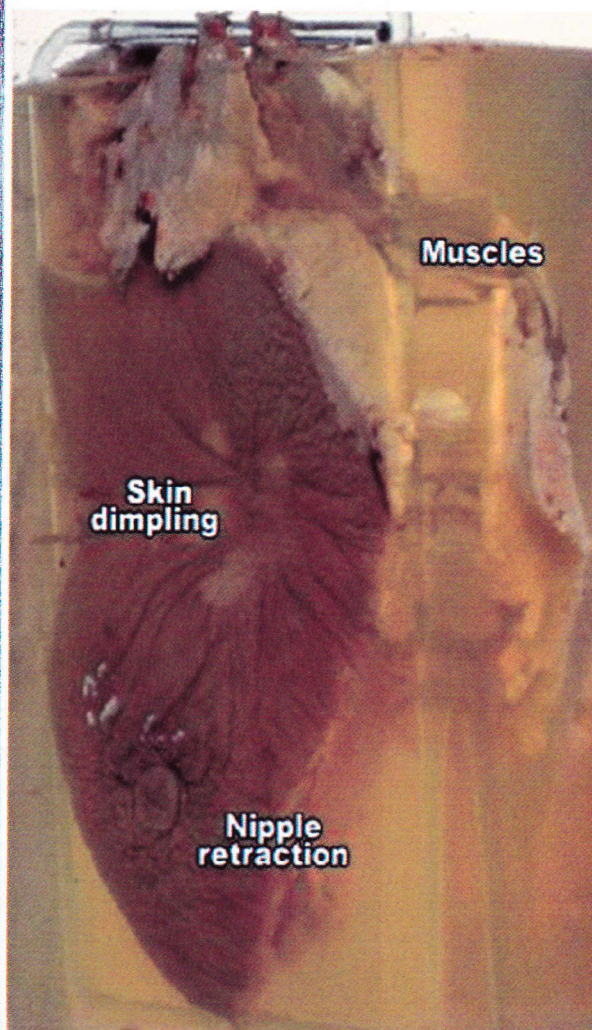
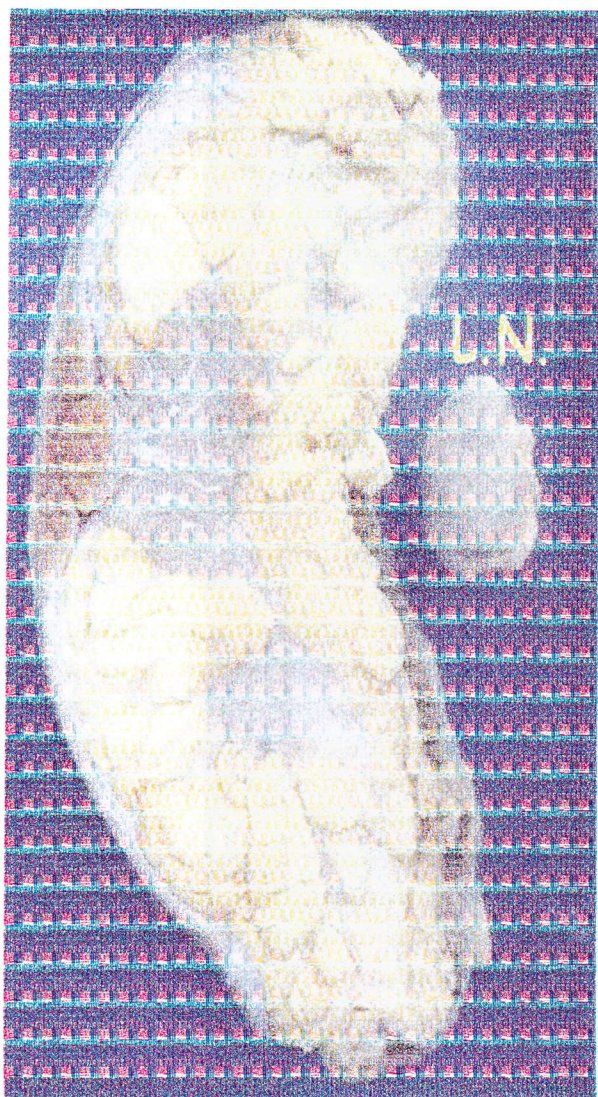




Cancer Breast

1. This slide show heterogenous necrotic breast mass
2. There is skin dimpling
3. Skin overlying show peau du range
4. There is nipple retraction
5. Nipple and areola are eroded
6. This pathology is malignant in nature
7. Usually affect old females
8. Less common in nuliparas in comparison to multiparas
9. Fibroadinosis of the breast may be a predisposing factor
10. Obesity increase the risk
11. this pathology usually affect upper inner quadrant
12. medullary type is the commonest pathological type
13. mainly spread via lymphatics
14. bone secondries are osteoblastic
15. bone secondries commonly affected thoracic vertebrae
16. pain is the usual cardinal symptom
17. jaundice may be a possible complication
18. presence of skin dimpling diagnose cancer breast
19. on examination the mass usually hard and irregular
20. US and FNAB are important diagnostic tools
21. Axillary lymph nodes enlargemnt is an important prognostic criteria
22. Ttt is essentially by radiotherapy regardless to the stage
23. Operable cases may treated conservative
24. Radiotherapy is important djuvant therapy in operable cases
25. Bilateral large lumps best treated conservative





Paget's Disease

1. The nipple and areola show erosion and redness
2. The surrounding skin shows dimpling
3. There is skin encrustation
4. The 2 breasts are asymmetrical
5. This pathology is malignant in nature
6. This pathology is usually bilateral and symmetrical
7. Middle aged females are commonly affected
8. Clinically nipple surround by multiple vesicles and eczema
9. This pathology are usually well defined
10. On palpation no lumps are detected
11. Diagnosis is essentially depend on histological examination
12. This is considered as advanced breast mass
13. Ttt is essentially radiotherapy
14. It has a bad prognosis compared to cancer breast



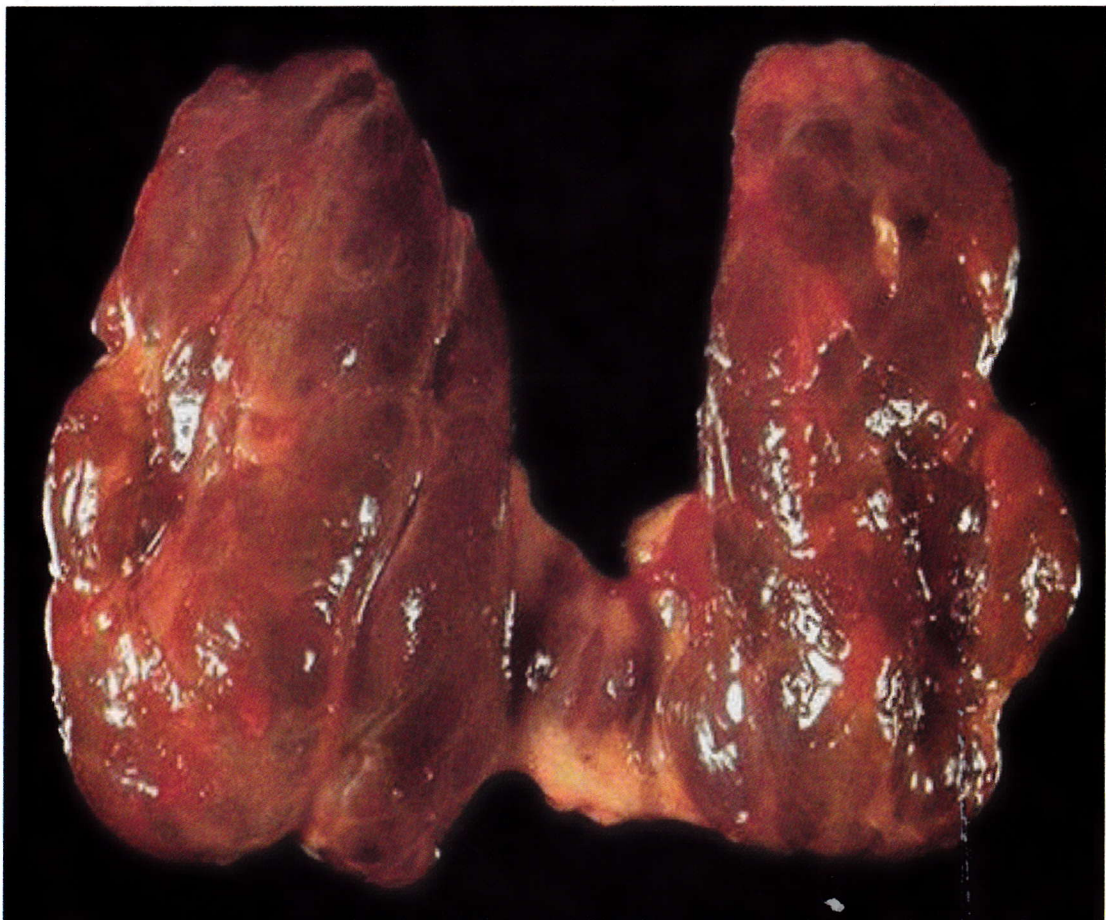


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Thyroid Jars

Multinodular Goiter

1. A picture of congenital thyroid swelling
2. There are multiple unequal nodules
3. It is the most common thyroid pathology
4. Usually affect females above 50 years
5. Painfull neck swelling is the main complain
6. Tracheal compression is the commonest complication
7. Clinically carotid pulse not felt
8. In most cases heart rate exceed 100 bpm
9. Suddenly developed pain is an emergency and denoting hge
10. FNAB is the most important investigation
11. Treatment is mainly medical by carbimazole
12. When surgery indicated total thyroidectomy done



Solitary Thyroid Nodule

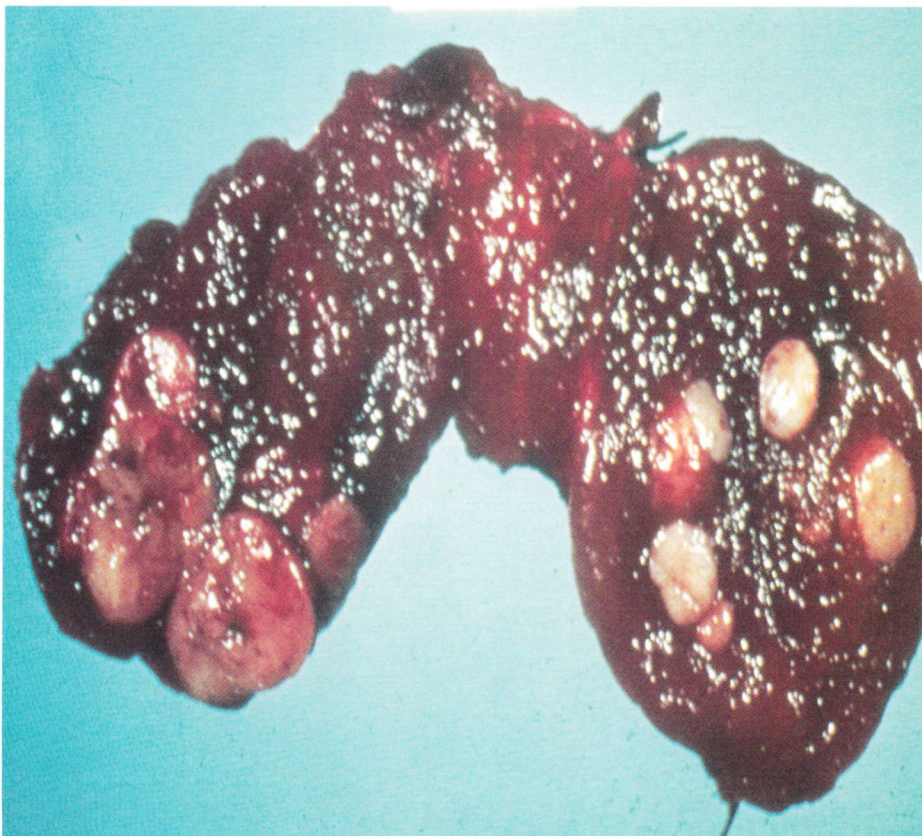
1. A picture of solitary cystic thyroid nodule
2. It is a malignant nodule with areas of hge and necrosis
3. Swelling in the neck is the main complaint
4. It may be toxic ,simple and malignant
5. Thyroid scan can not exclude toxic pathology
6. The surest diagnostic tool is lobectomy and histopathology
7. Treatment is mainly surgical



Papillary Carcinoma

1. There is multicentric thyroid cyst
2. This is a congenital cystic thyroid disease
3. Spred mainly by blood
4. Painful neck swelling is the main complain
5. Carotid pulsation may be absent
6. Ptosis my be a possible complication
7. US,FNAB are the most important 2 investigations
8. Ttt is by simple lobectomy
9. Lymph nodes may be anlarged, tender ,mobile
- 10.Lymph nodes treated mainly by radical resection
11. Lymph nodes treated mainly by radical resection





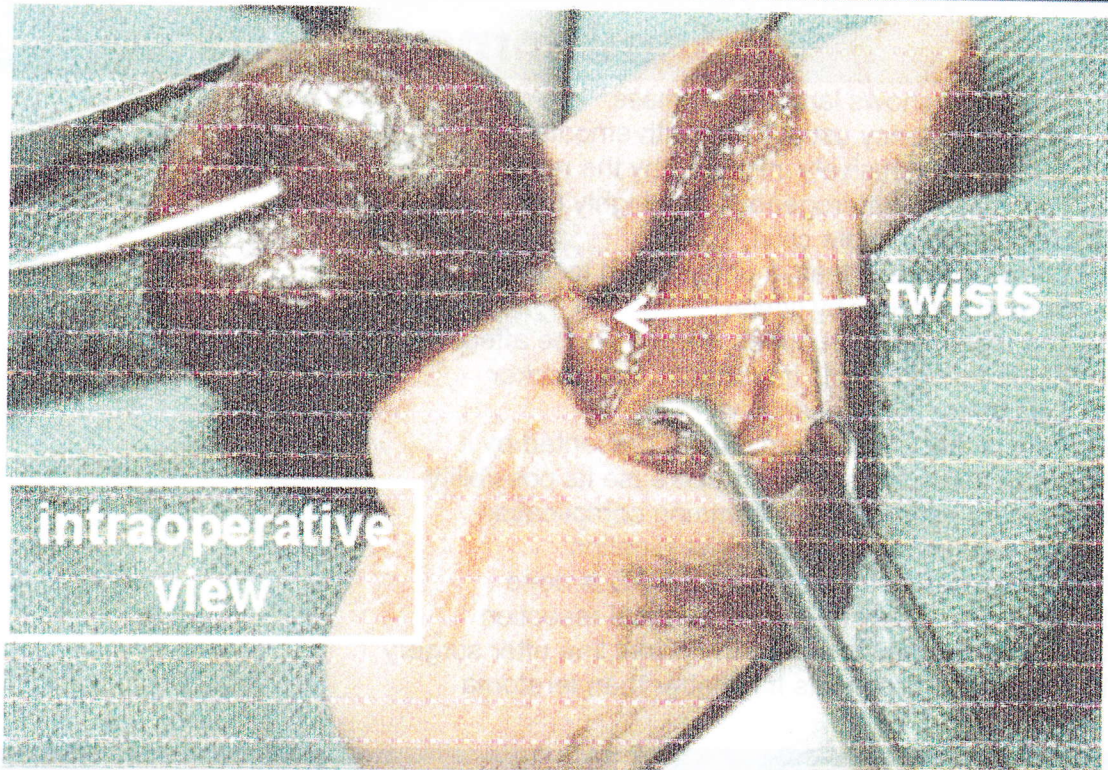
-4-

Testis Jars

Torsion

1. This testis is swollen and gangrenous
2. This is the result of delayed management after the 1st hour
3. This is an example for strangulation
4. This is the commonest urological pediatric emergency
5. Hidden congenital anomalies is a predisposing factor
6. Sudden pain is the main feature
7. Neurological shock is a possible complication
8. Usually affect old aged males due to small sized testis
9. Scrotal elevation will relieve pain
10. Acute epididymo-orchitis is a possible D.D
11. This case treated by orchipexy
12. Orchiopexy of the other side is a useless step





Seminoma

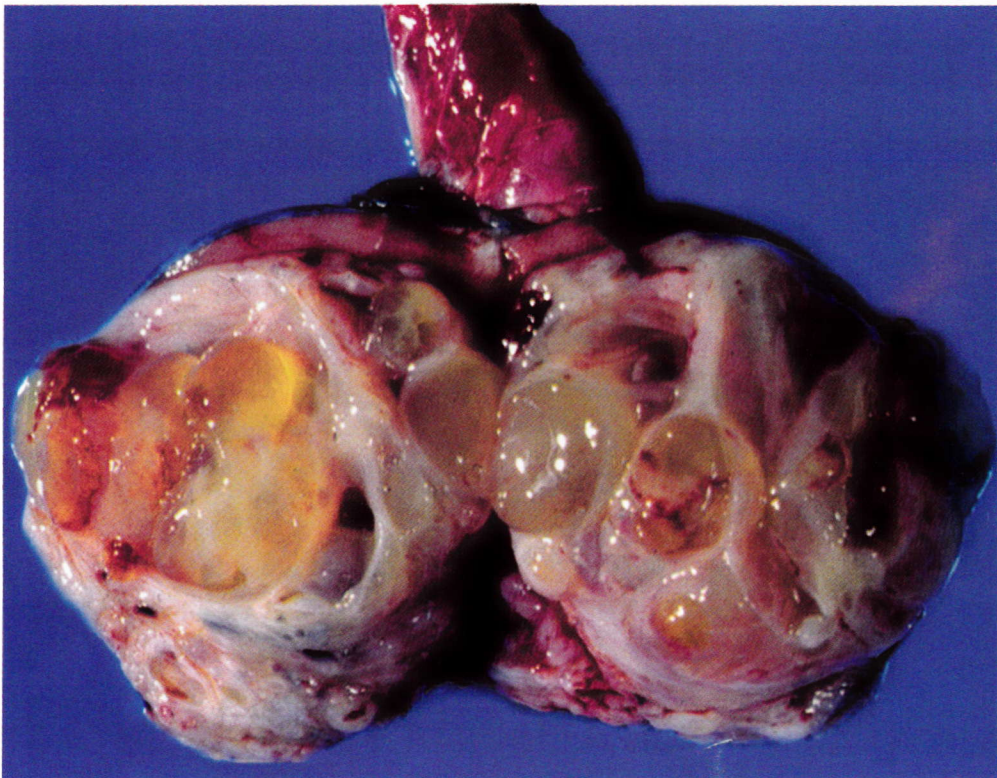
1. This testis shows large cystic mass
2. The consistency usually firm with smooth surface
3. Tunica is extensively infiltrated by the mass
4. This mass is heterogenous and highly malignant
5. Usually affect male child
6. The incidence is less in undesent testis
7. Spread is mainly by lymph
8. The inguinal lymph nodes is the 1st to be affected
9. Alpha feto protein is important tumor marker
10. This tumor is radiosensitive
11. Pain is the 1st symptom patient presented by it
12. Intact testicular sensation decrease its possibility
13. Primary hydrocele is a common complication
14. Us is an important inatial investigation
15. Once mass detected by US FNAB is done
16. Ttt is essentially by radical surgical resection
17. Chemotherapy is the 2nd important line after surgery
18. Regarding prognosis It is better than teratoma

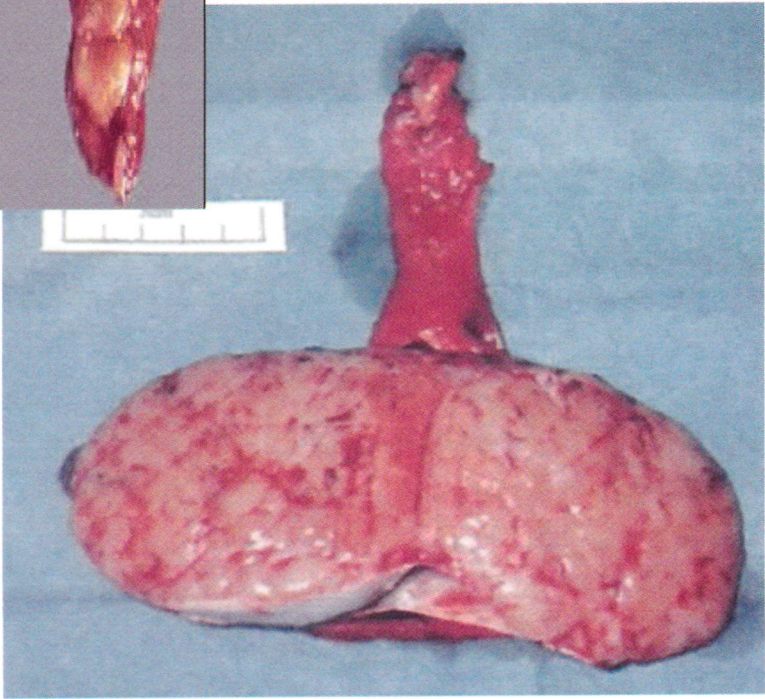
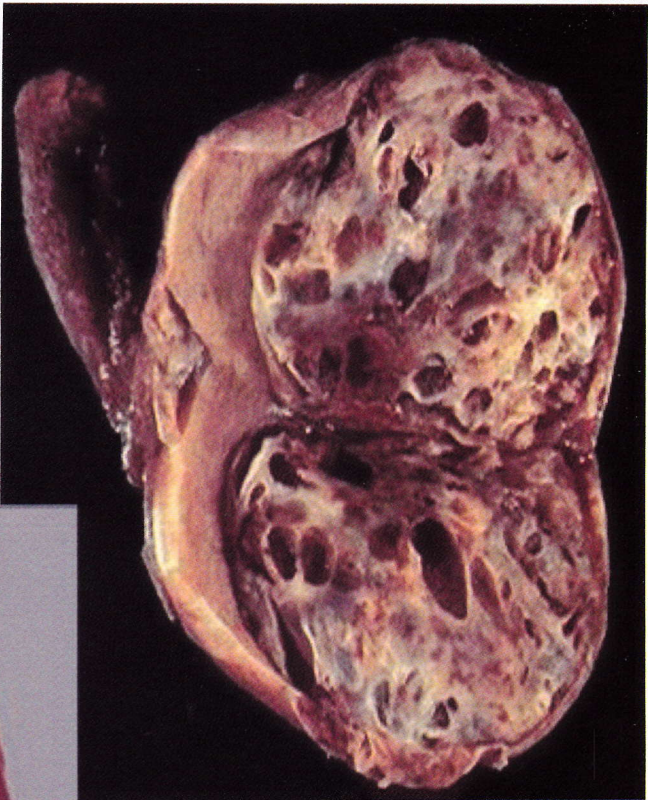




Teratoma

1. The slide shows a malignant pink smooth mass
2. There are areas of hge and necrosis
3. The tunica can be easily separated from the mass
4. Testicular shape is distorted by the mass
5. The commonest type of this malignancy is dermoid cyst
6. Spread is mainly directed toward the scrotum
7. Alpha feto protein is an important tumor marker
8. Unlike seminoma beta HCG is used as a tumor marker
9. Swelling is usually the 1st presentation
10. Testicular sensation is lost
11. May misdiagnosed ase epididymo-orchitis in some cases
12. Diagnose mainly by FNAB
13. Treatment is by simple orchectomy and post operative radiotherapy
14. Prognosis is better than seminoma





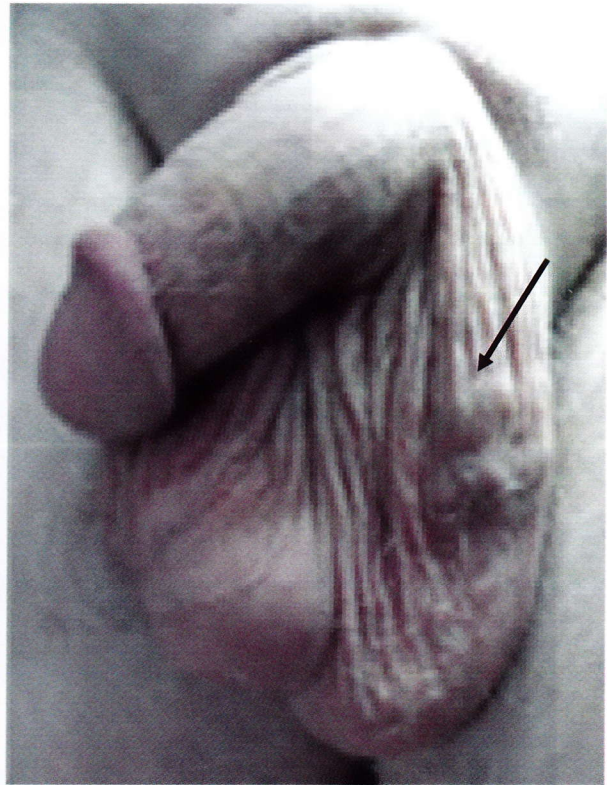
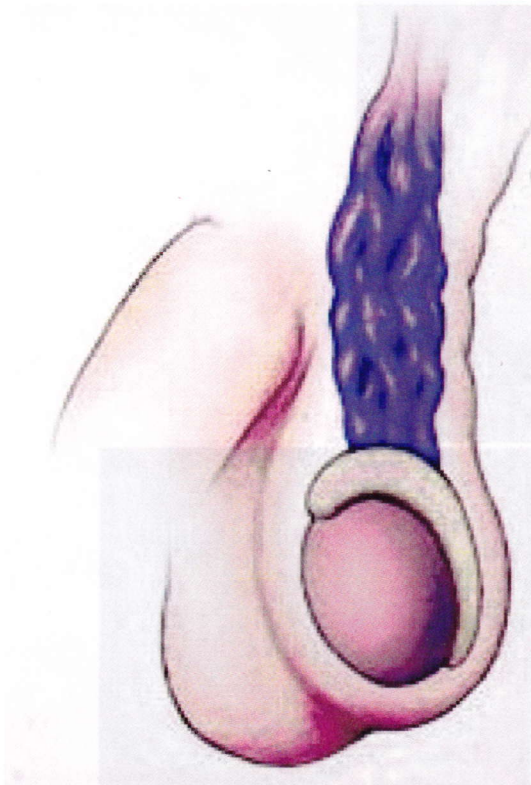
Hydrocele

1. There is a large mass pushing testis to one side
2. There is fluid collection under the tunica
3. Infection and rupture are possible complications
4. Testis may be atrophied especially in very huge unilateral cases
5. Pain is the main complain
6. Clinically it is translucent inguinal swelling
7. Treatment is mainly surgical
8. Primary type usually affect young children
9. Direct inguinal hernia may be a D.D



Varicocele

1. Scrotal skin show areas of ulceration and inflammation
2. This is sexually transmitted male disease
3. Usually affect old male
4. Hernia and piles are common association
5. This pathology affects RT scrotal compartement
6. Early symptomtizing by pain and swelling
7. Gurgling sensation may be felt on cough
8. 80% suffering fron infertility
9. Secondry hydrocele is a possible complication
10. This is an early stage of this pathology
11. Duplex and semen analysis are essential
12. Treatment is mainly surgical
13. It is less serious when occurring unilateral and in old age



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Vascular Jars

Atherosclerosis

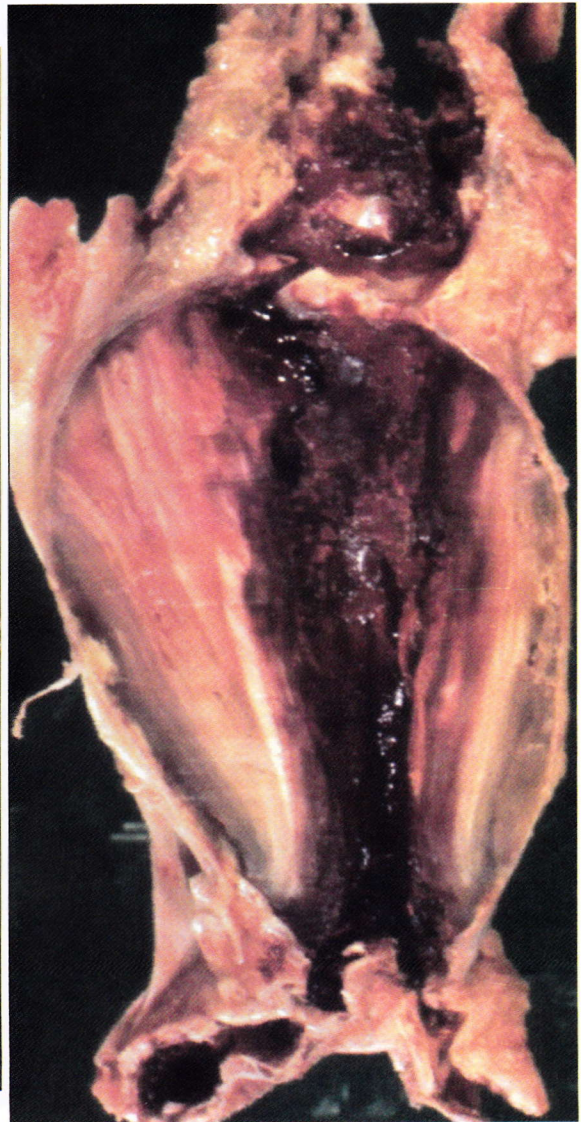
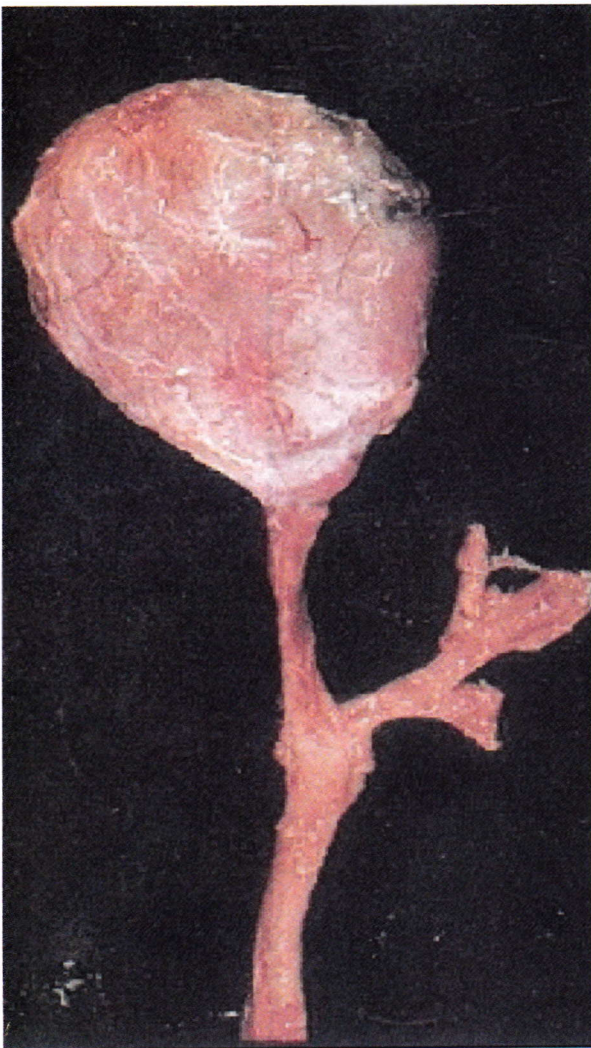
1. This aortic segment shows plaque spots with ulceration
2. Thrombosis is a common consequence
3. This is a common cause for acute limb ischemia
4. Hypertension and diabetes are rare association
5. This patient may presented bu chronic upper limb ischemia
6. This process starts after the ge of 50 years
7. Cholesterol levels in the main symptoms
8. Limb pain is the main symptom
9. This particular patient may has sexual troubles
10. General examination may reveals loss of hair in both lower limbs
11. Moist gangrene is a possible complication
12. Angiography is the initial investigation of choice
13. Doppler can assess the severity of this ischemia
14. Sympathectomy here is excellent method to increase skin vascularity
15. Treatment of this particular patient is endovascular surgery





Aneurysm

1. A picture of true saccular aortic aneurysm
2. This aneurysm reach level of common iliac artery
3. Atherosclerosis is important Predisposing factor
4. There is organized thrombosis inside
5. Distal ischemia is the most serious complication
6. Abdominal pain and swelling are the main presentation
7. Acute ischemia may occur on top of this aneurysm
8. Expansile pulsations is the most important sign
9. On palpation it is hard non compressible swelling
10. Diameter $>2\text{cm}$ is indicator for impending rupture
11. US is the most accurate investigation
12. Angiography is a must to assess the true aneurysmal diameter
13. Abdominal aortic aneurysm is the 2nd most common site for aneurysm
14. Usually aortic aneurysm occur below level of renal artery
15. Conservative treatment is a must in hypertensive patient as he is not fit for surgery
16. Shock and abdominal pain denoting rupture



Gangrenous hand

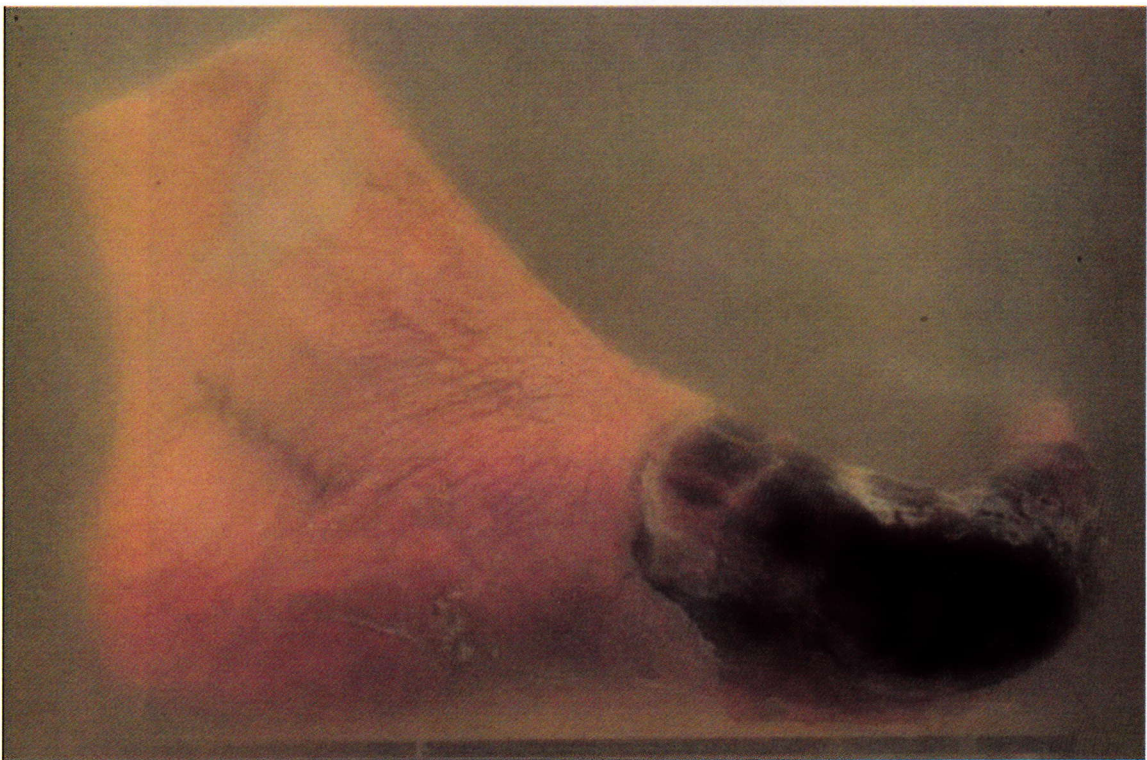
1. A picture of digital gangrene
2. Raynaud's is important cause
3. Occur mainly on top of chronic upper limb ischemia
4. This picture is common in 1ry raynoud's
5. Cervical rib may be a cause
6. Raynoud's disease commonly affect young,smoker ,male
7. Sympathectomy is very useful in this case
8. Treatment of this patient is by revascularization surgery





Gangrenous Foot

1. A picture of above knee amputation of a gangrenous leg
2. This is a dry gangrene
3. There is a well defined separation and demarcation lines
4. Trauma is the most important cause for it
5. Clinically there is lost pulse but intact sensation t this part
6. Moist gangrene has better prognosis than dry
7. Diabetes is a possible predisposing factor
8. Claudication pain is an important symptom
9. This patient has a femor-popliteal block
10. Surrounding oedema, redness denoting diabetic foot
11. Treatment is only by amputation
12. Ischemia of this case is acute by embolus, thrombus or injury





Ischemic Ulcer

1. A Picture of malignant ulcer on the sole
2. This site is a common in this ulcer
3. Diabetes is a common cause for this ulcer
4. The edges are rised nd everted
5. The etiology of this pathology is multifactorial
6. Spread mainly by lymphatics
7. Inguinal lymph nodes may be enlarged nd tender
8. Treatment is mainly by dressing and antibiotics





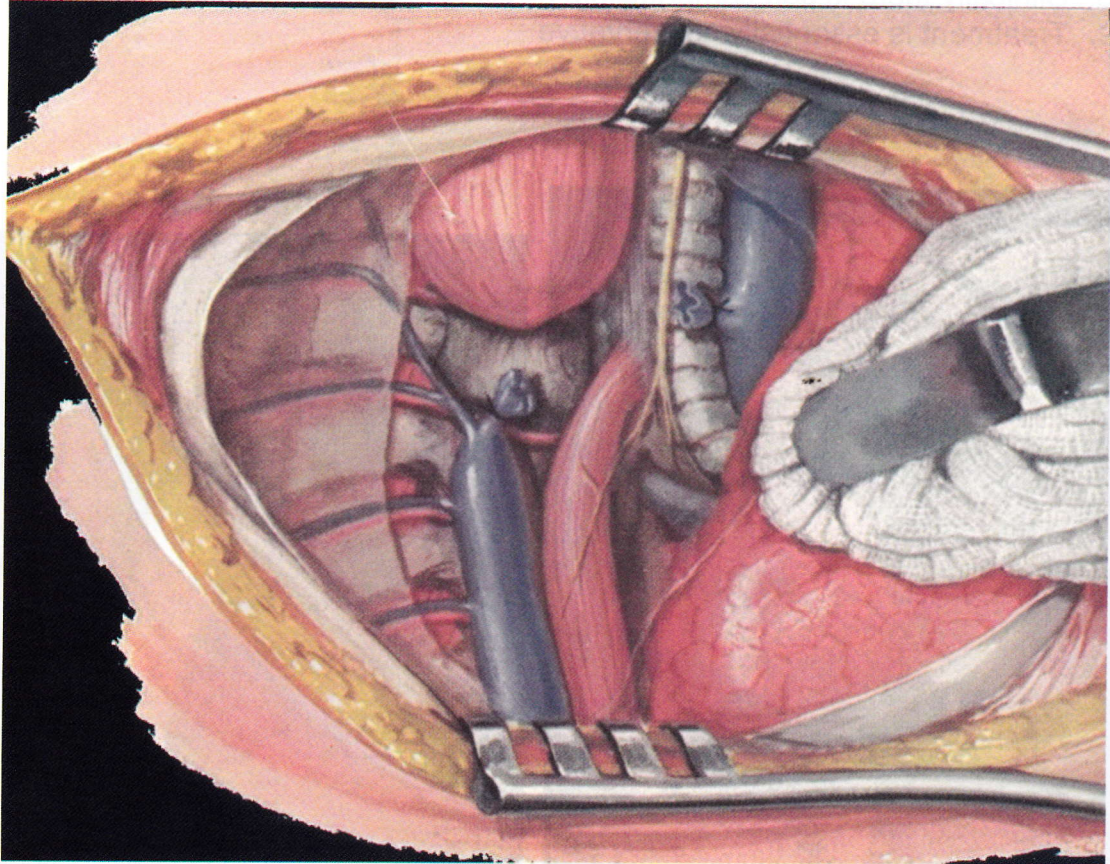
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GIT
Jars

Esophageal Atresia

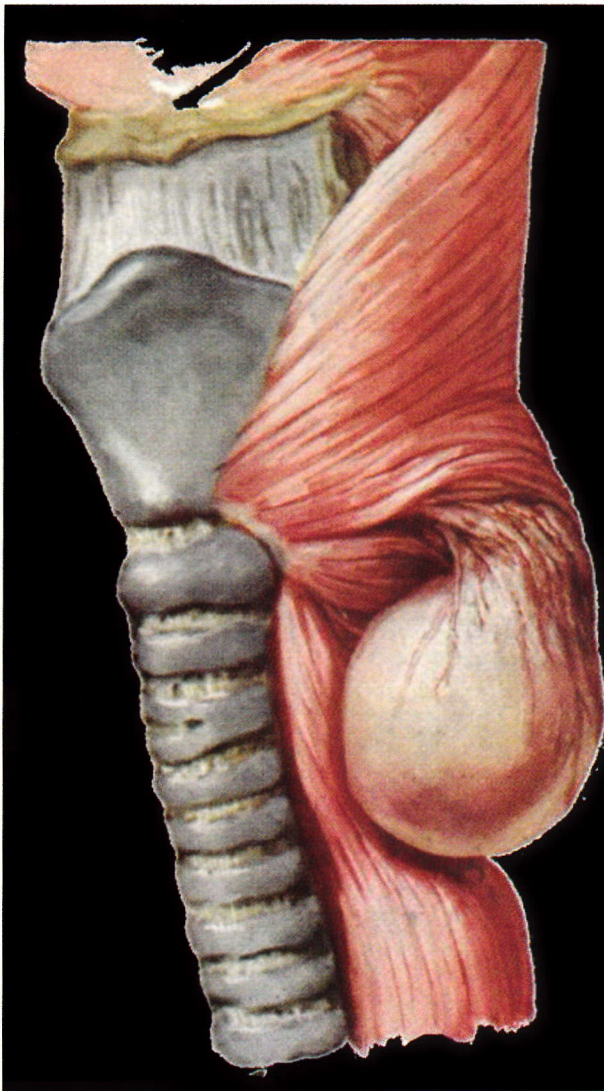
1. Operative diagrammatic view showing closed attenuated lower end esophagus
2. There is a connection between esophagus and trachea
3. This pathological type is the commonest type
4. Aspiration is the commonest complication
5. Cyanosis is pathognomonic
6. May be associated with other congenital anomalies
7. Failure to pass nasogastric catheter is highly diagnostic
8. Barium swallow is the best investigation to diagnose
9. Actual management delayed till age of 10 months
10. Pneumonia may be a cause of death
11. May be diagnosed antenatal by oligohydramnios





Pharyngeal Diverticulum

1. A picture of true pharyngeal diverticulum
2. The mucosa bulge through anterior esophageal wall
3. This is a pulsion diverticulum
4. More common on the Rt. side
5. A child with compressible neck mass and dysphagia is diagnostic
6. Carcinoma may occur on top
7. Endoscopy is more important and safe than barium
8. Clinically there is soft, compressible swelling in the neck increase with eating
9. Treatment is essentially conservative



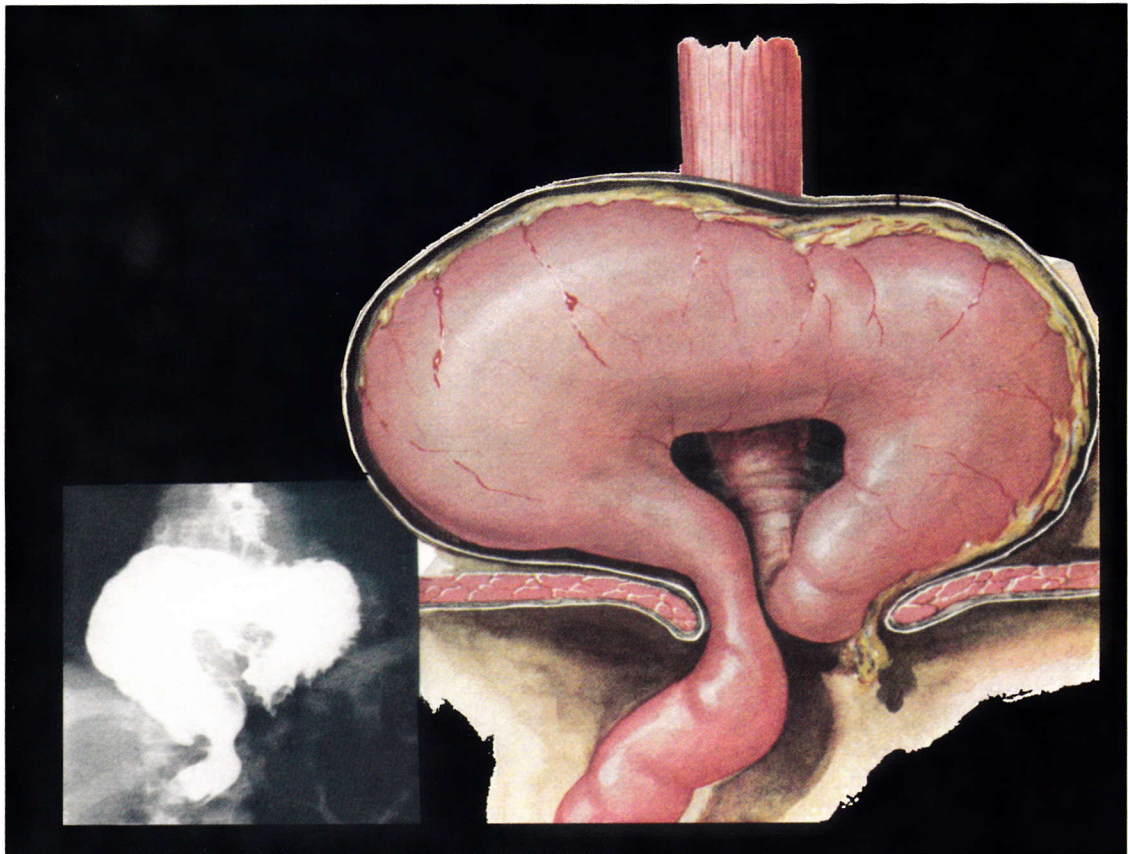
Diaphragmatic Hernia

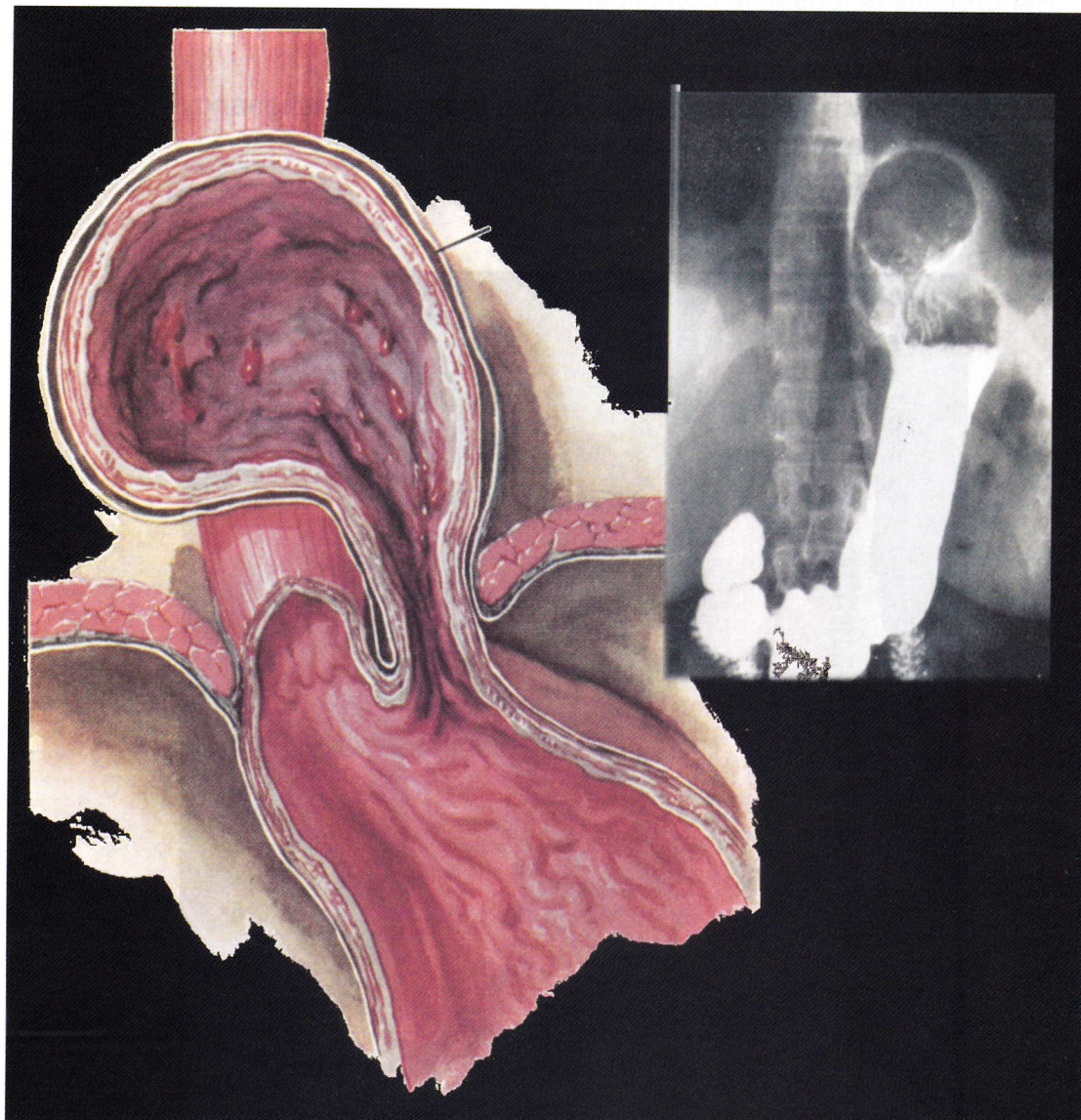
1. A premortem specimen for chest and abdomen
2. There are loops of intestine in thoracic cavity
3. This is a sliding hiatus hernia
4. Bochdalek hernia is more common on rt side
5. Usually presented by cyanosis and scaphoid abdomen in 1st day of life
6. Chest auscultation denotes diminished air entry
7. The most common complication is strangulation
8. Plain x ray is diagnostic
9. Mechanical ventilation is a must pre and post operation
10. Treatment is delayed till age of 10 months



Paraesophageal Hernia

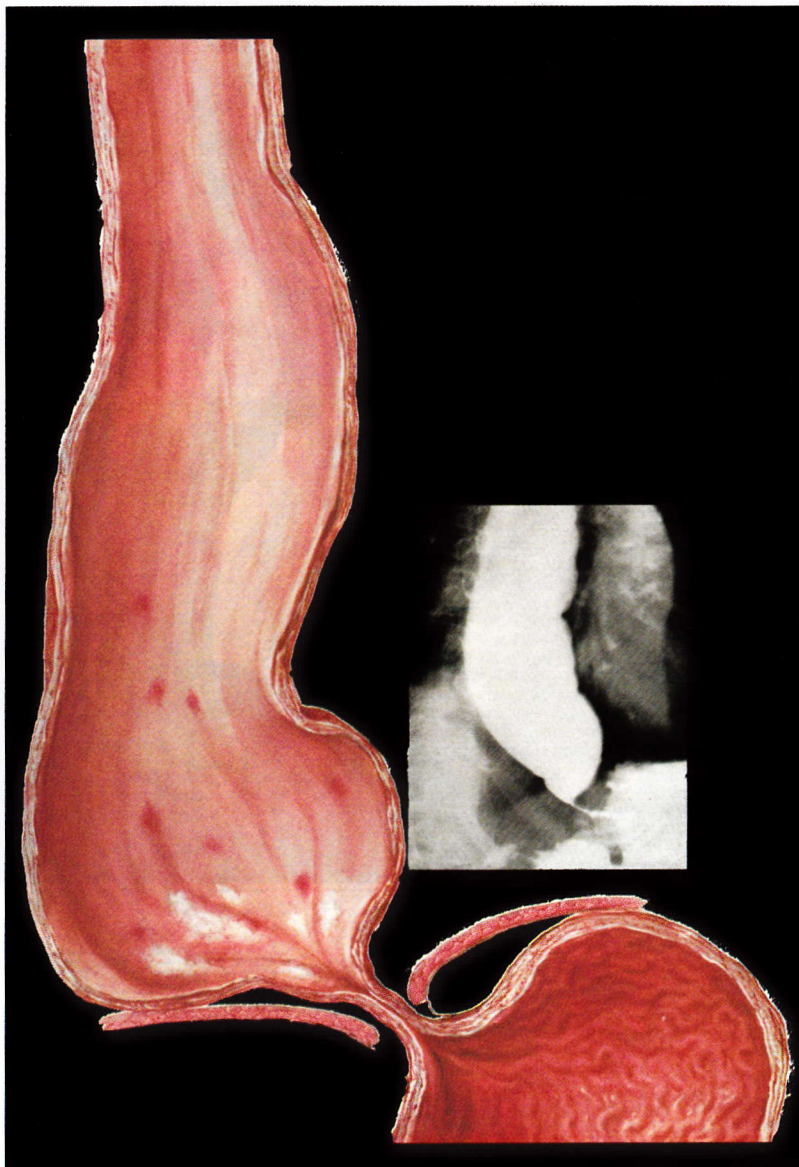
1. A picture of congenital sliding hiatal hernia
2. The lesser curvature of the stomach herniating through cardiac opening
3. This is a false hernia as no peritoneal covering
4. Disturbed gastro-esophageal junction is the cause for reflux
5. patient May presented with chest pain, dysphagia and hiccough
6. this is a life threatening condition
7. barium meal is diagnostic
8. Treatment is essentially surgical





Achalasia

1. There is upper 1/3 esophageal dilatation
2. The lower end of esophagus is narrow and spastic
3. Usually affect old male
4. Acute dysphagia more to fluid is the usual presentation
5. Esophagitis is possible complication
6. Carcinoma never occur on top
7. Barium swallow is diagnostic
8. Esophgoscropy and biopsy routinely done to rxclude malignancy
9. GERD is a common complication
10. Treatment is only surgical



Esophageal Ulcer

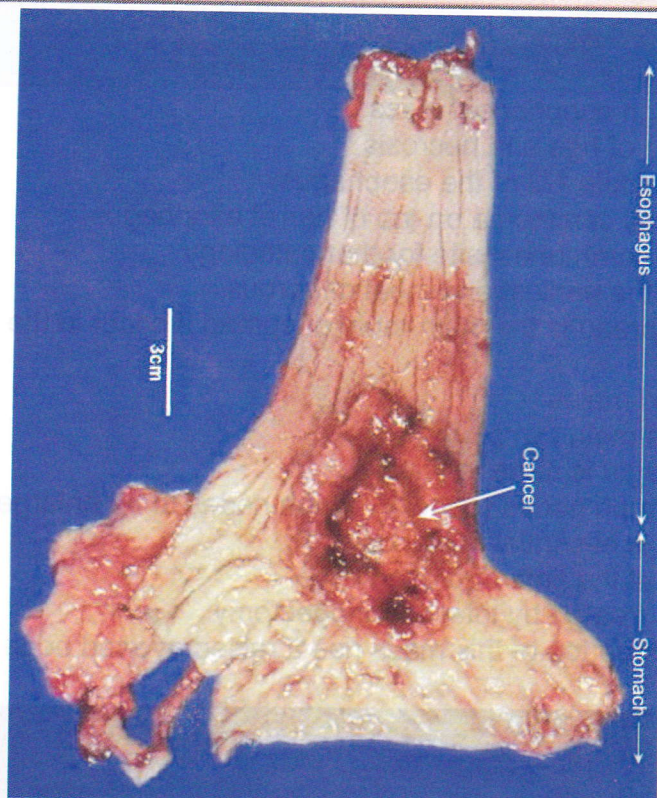
1. There is a raw area surrounded by fibrosis in this specimen
2. The ulcer has a raised everted edge and necrotic floor
3. GERD is an important cause for that ulcer
4. Heart burn is a cardinal symptom
5. This is not liable for malignant transformation
6. Hematemesis may be a complication
7. Anemia and dysphagia in a smoker male are indicators for this pathology
8. Lower esophageal sphincter has higher pressure than normal
9. Ttt is mainly surgical resection of that mucosal part



Barrett's Esophagus

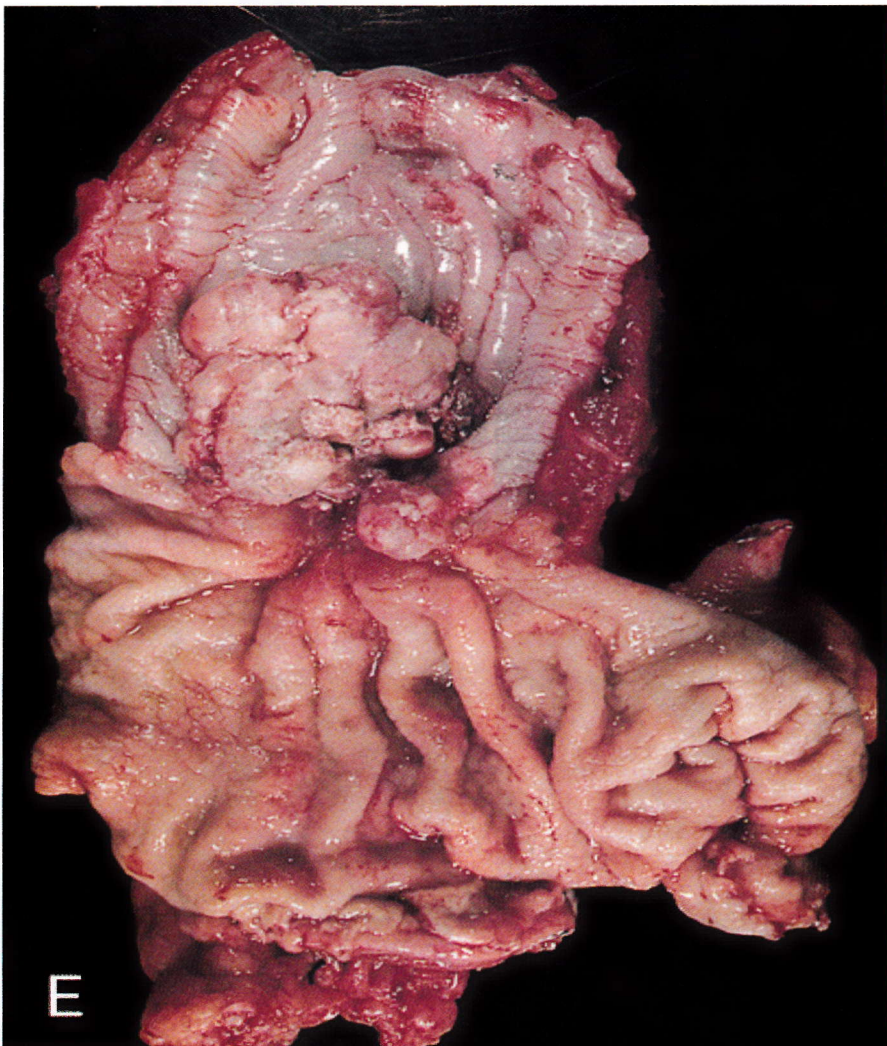
1. There is an area of hyperaemia, congestion in lower esophagus
2. There are multiple ulcers on top of this zone at lower esophagus
3. GERD IS a possible predisposing factor
4. Squamous metaplasia occur on top
5. Mucosa covering the lower esophagus in this case is stratified squamous
6. May be on top of sliding hiatus hernia
7. Esophageal carcinoma is a rare complication
8. Easily seen by barium swallow
9. May be on top of achalasia of the cardia

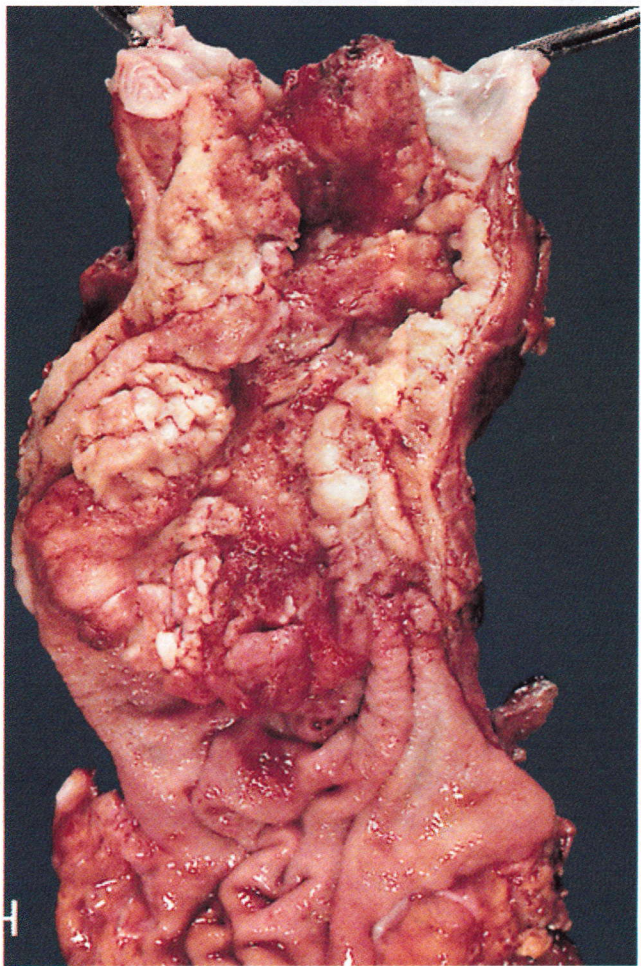




Adenocarcinoma

1. A picture of benign esophageal mass
2. There is an area of hge and necrosis
3. It occupies the middle 1/3 of the esophagus
4. It is squamous cell carcinoma on top of barret esophagus
5. Lower 1/3 is the commonest site for that pathology
6. Direct spread is the earliest and most dangerous
7. Transthemelomic spread is the main route of spread if occur in the upper 1/3 of the esophagus
8. Usually affect old males
9. Dysphagia is the main symptom
10. Clinically dysphagia is more to fluid
11. Deep cervical lymph nodes re the 1st lymph nodes to be enlarged
12. Barium swallow is essential in dignosis
13. Most cases are at the time of presentation
14. Operable cases treated by total esophogectomy
15. There is an ulcer on top of this mass has a raised everted edge

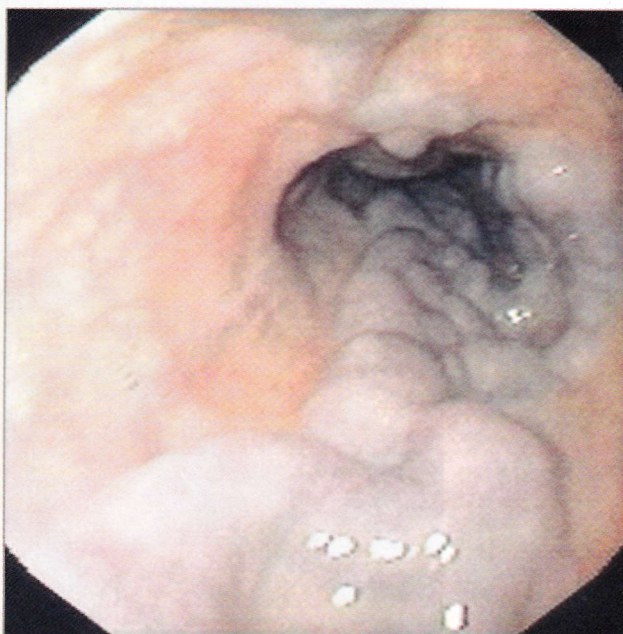
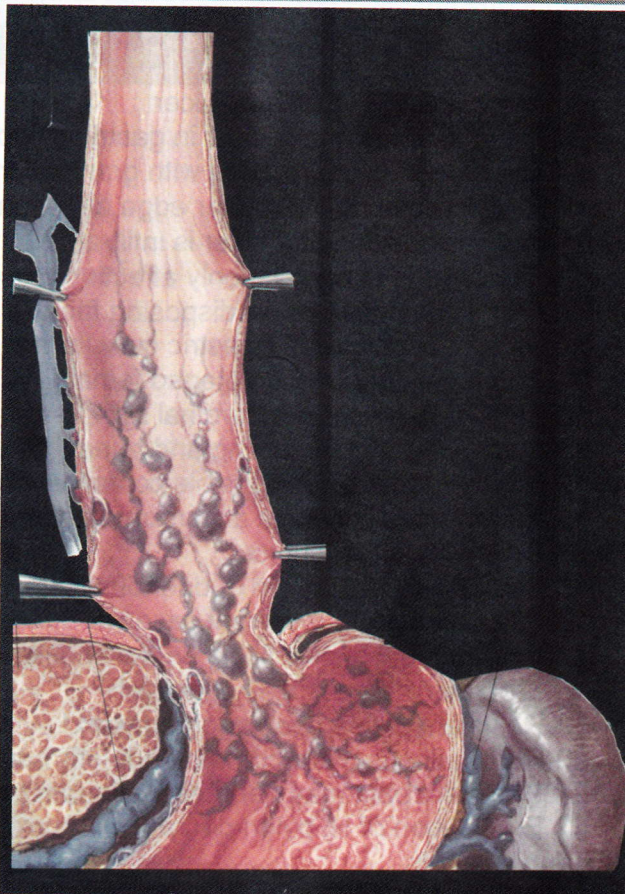
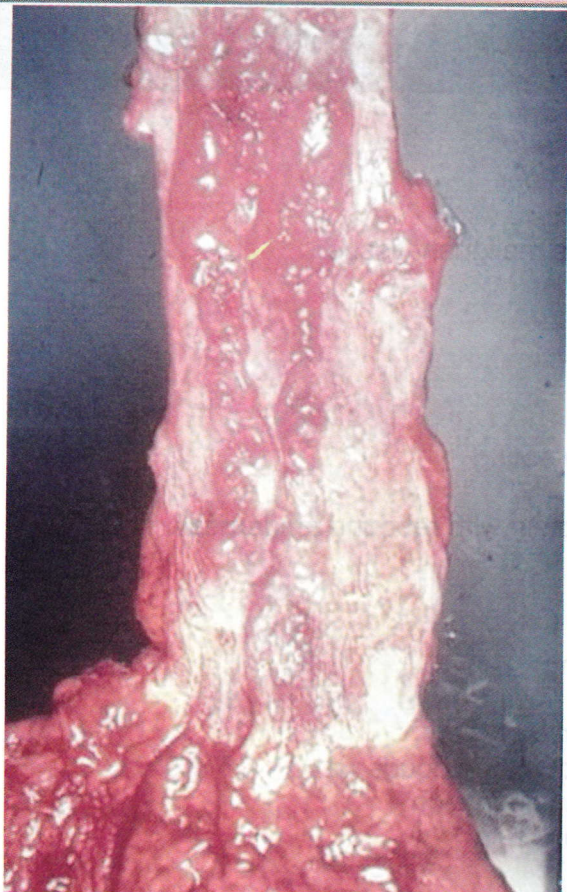




Esophageal Varices

1. Esophageal mucosa shows multiple small ulcers
2. There are multiple elongated bluish spots
3. This is a picture of esophageal varices
4. Ascites and jaundice may be present in this patient
5. This is a traumatic esophageal varices
6. Commonly affect upper 1/3 of the esophagus
7. Haematemesis may be the 1st presentation
8. Ttt is mainly surgical resection of this spots
9. Bilharziasis is a common cause

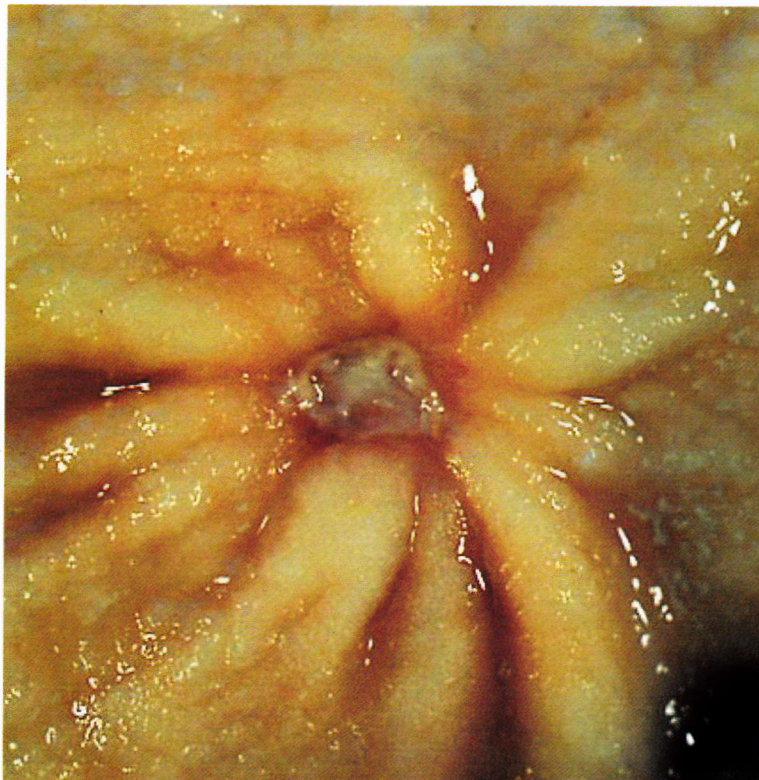


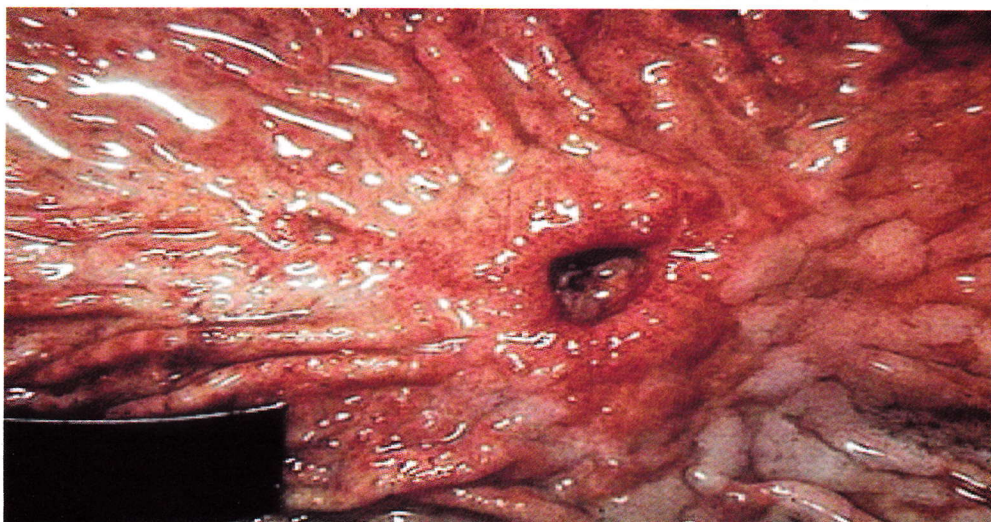
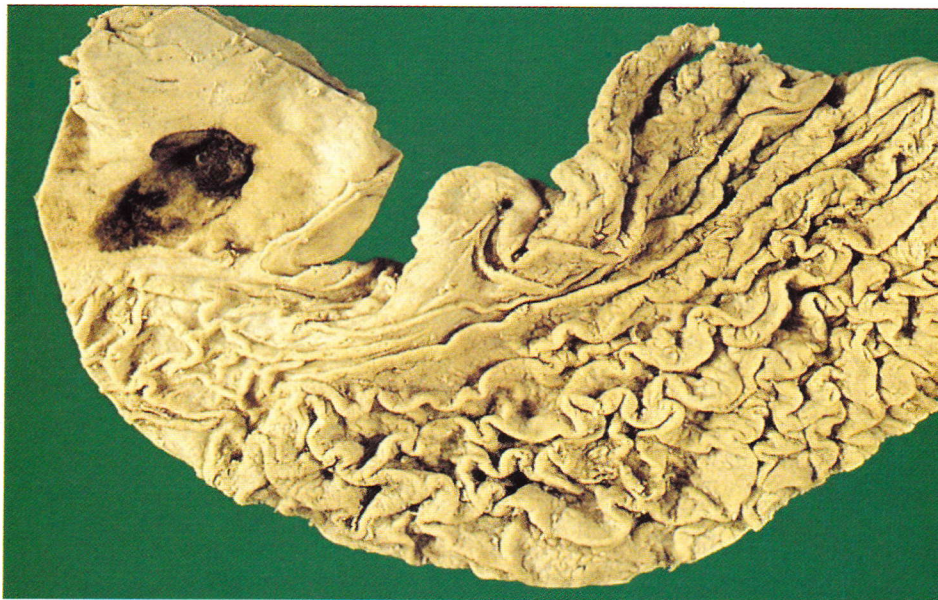
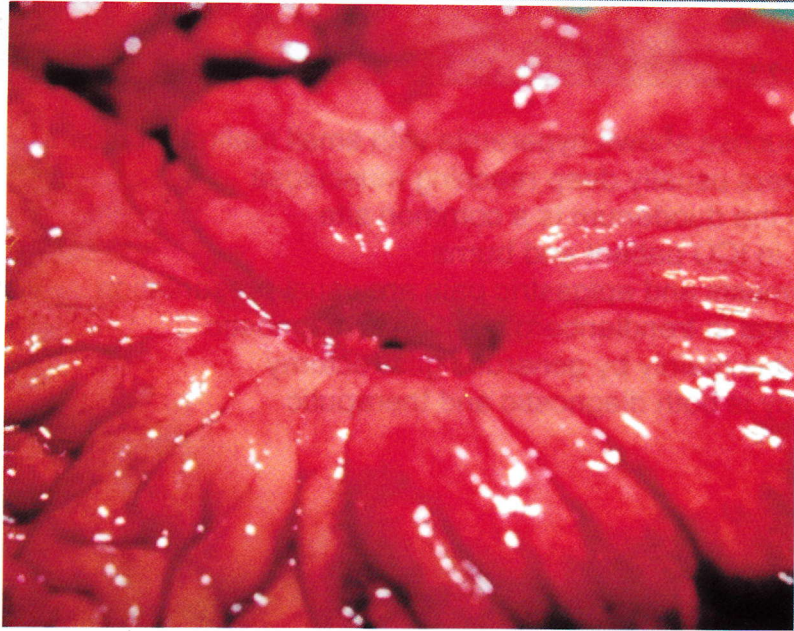


Upper GI endoscopy

Peptic Ulcer

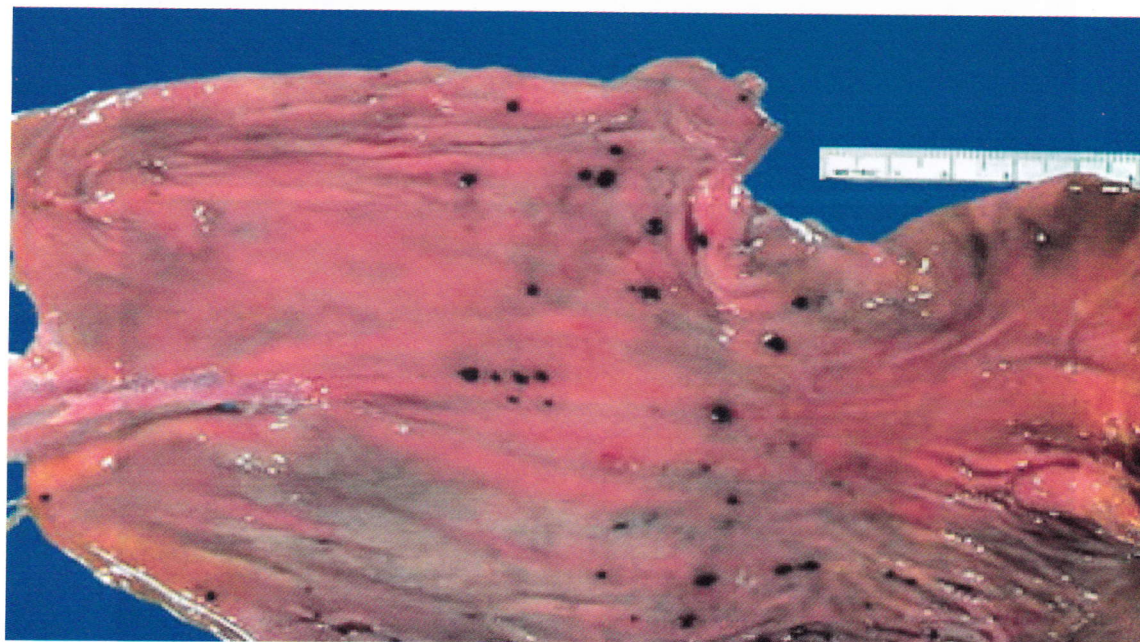
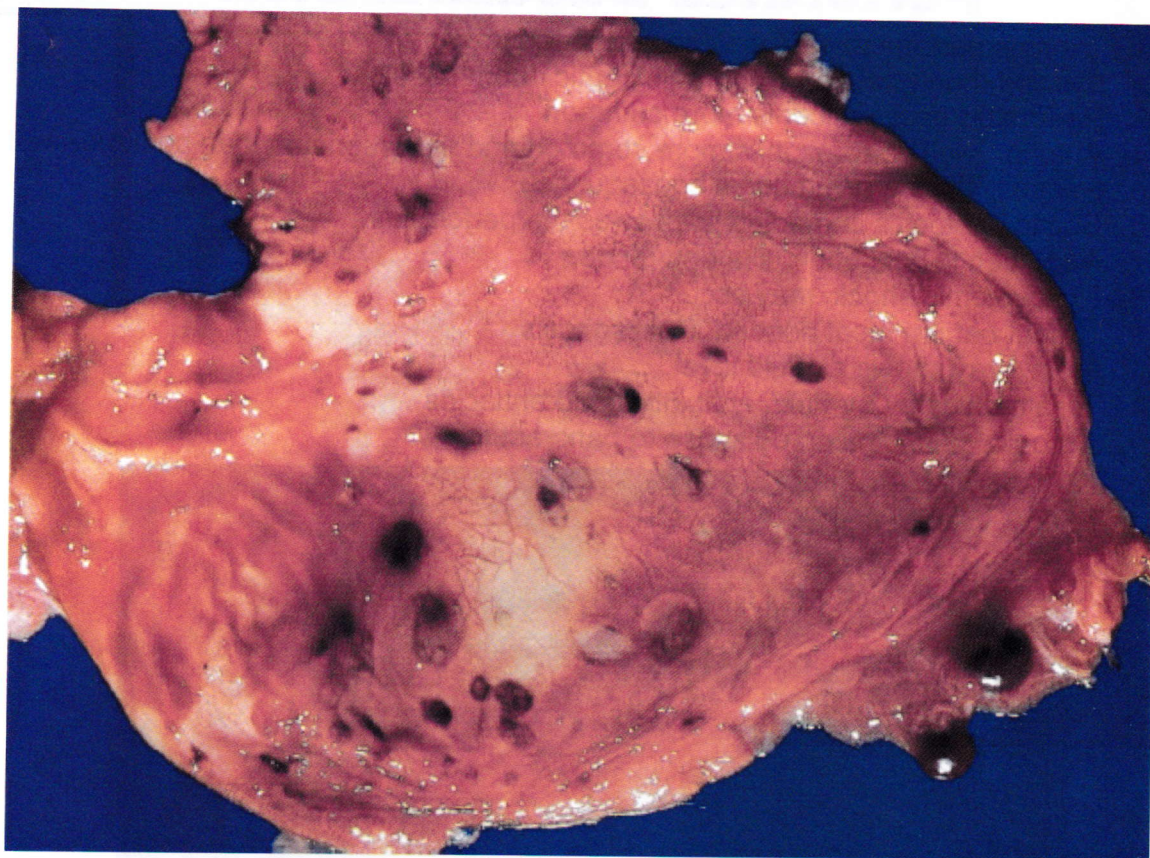
1. There is large duodenal ulcer
2. There is a malignant ulcer in gastric mucosa
3. The ulcer has sharp edge with granulation floor
4. Rugae radiating from ulcer edge all around
5. Mucosa surrounding ulcer is infiltrated by a malignant tissue
6. The ulcer is superficial only affection mucosa
7. Atrophic gastritis is a predisposing factor
8. Usually affect greater gastric curvature
9. Commonly affect middle aged female
10. Epigastric pain is the cardinal symptom
11. Pain increased by fasting and releaved by eating
12. Haematemesis is a possible complication
13. Pain is usually diffuse all through the abdomen with rebound tenderness
14. Endoscopy is of choice
15. Biopsy needed only in duodenal ulcers
16. CT is needed in recurrent cases
17. Barium meal shows filling defect shouldring
18. Treatment is essentially medical
19. Resistant cases need vagotomy and pyloroplasty
20. Perforation is more common but less serious than doudenal
21. Resistant pain may denotes malignant transformation
22. Eradication of H. pylori decrease recurrence rate





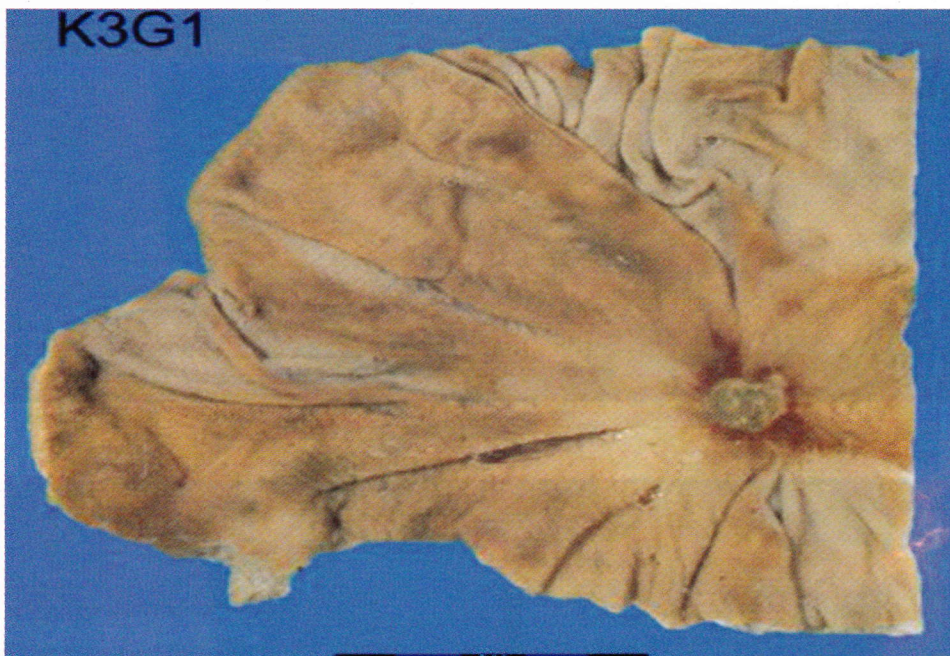
Acute Gastric Ulcer

1. Gastric mucosa shows hyperemia with small malignant ulcers
2. These ulcers usually deep reaching musculosa
3. 1st part of the duodenum is a common site
4. Common in ICU patient and burns
5. Haematemesis and epigastric pain are usual presentation
6. Barium meal in trendlenberg position is diagnostic
7. Treatment is mainly by generous gastrectomy
8. Endoscopy is both diagnostic and therapeutic



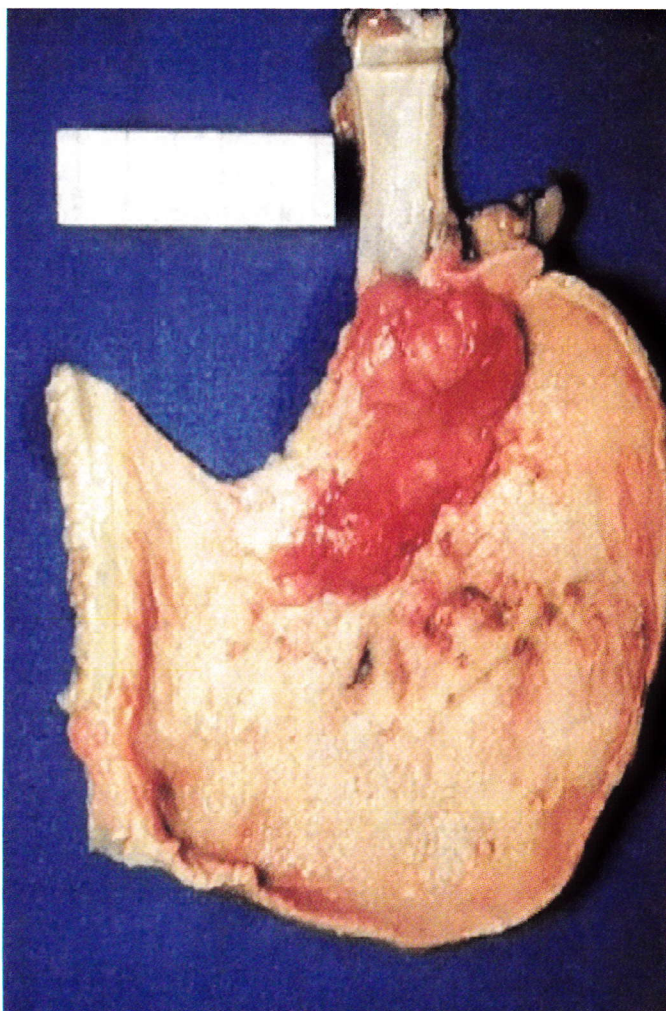
Perforated Duodenal Ulcer

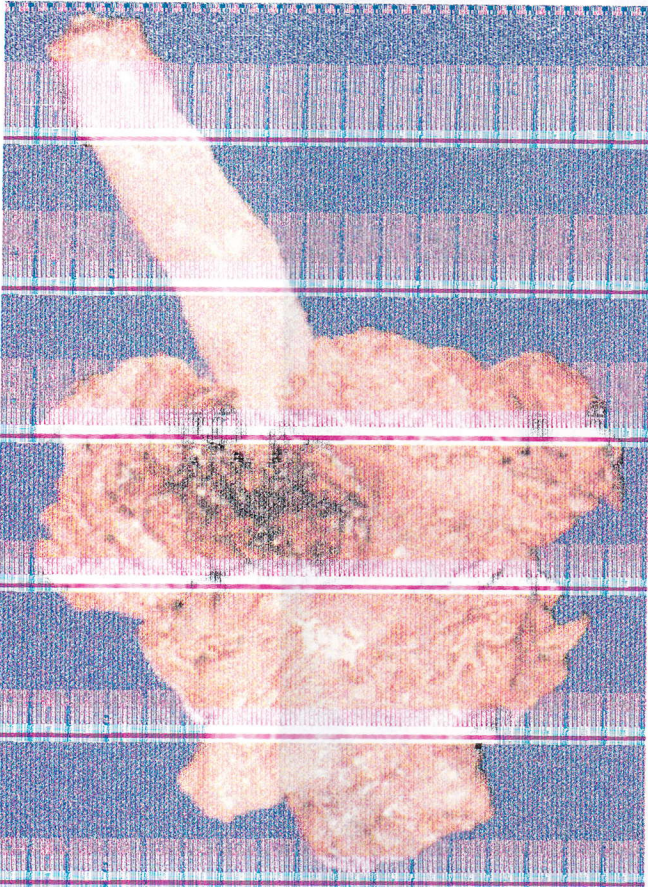
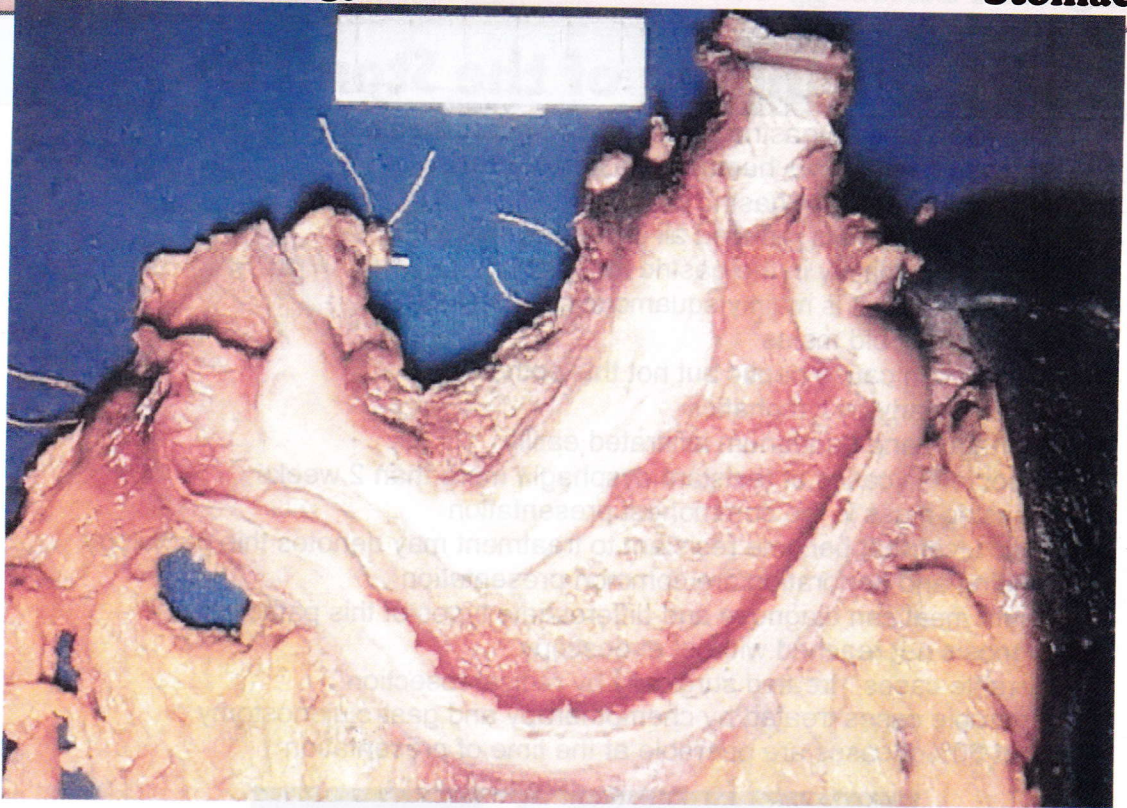
1. There is perforated spot in 2nd part duodenum
2. It is commonly caused by chronic peptic duodenal ulcer
3. Perforated gastric ulcer is more common
4. Anterior wall perforation is more common and more serious than posterior wall
5. Peritonitis is the commonest consequence
6. Septic peritonitis immediately follows the perforation
7. Abdomen is rigid board like and tender
8. Hypovolemic shock may occur
9. Urgent barium meal needed for diagnosis
10. Plain x-ray shows air fluid level
11. Treatment is by I.V fluid, antibiotics and antacids
12. Chronic cases may predispose to pancreatitis

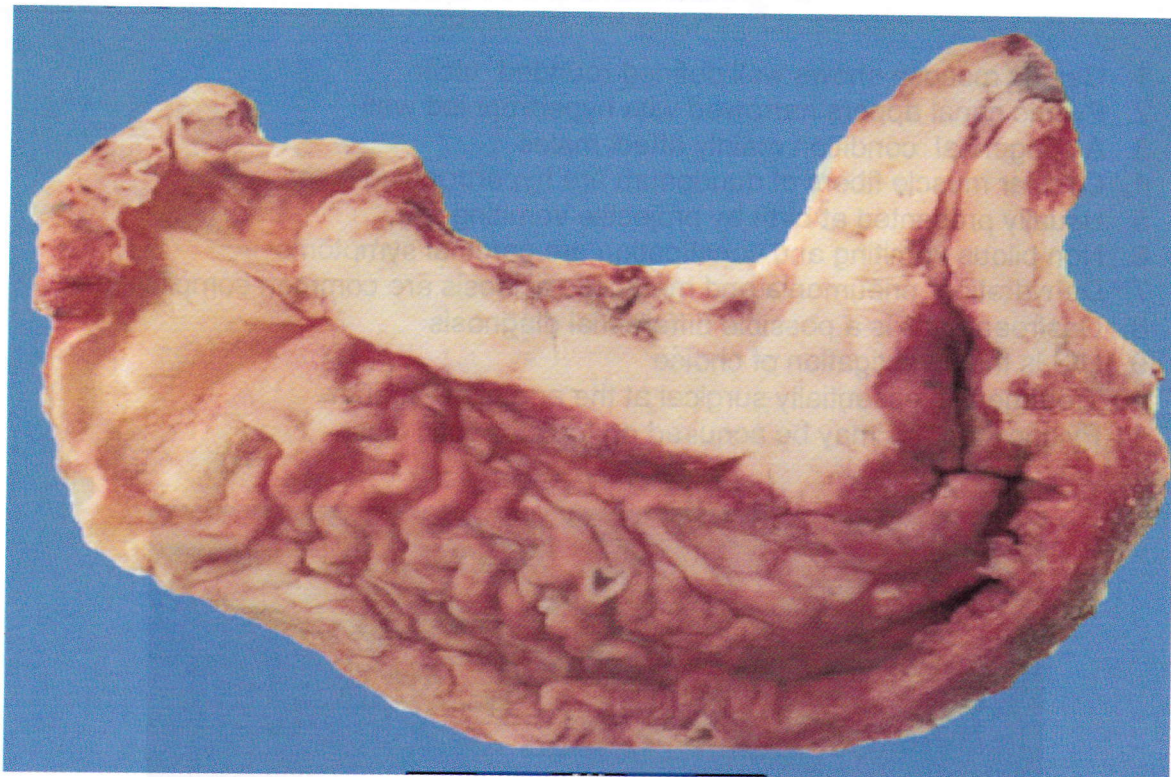


Carcinoma of the Stomach

1. There is an ulcer in gastric mucosa with undermined edge
2. The mass seen shows hemorrhage and necrosis
3. There is thickening of gastric wall
4. The gastric lumen is reduced all around by this mass
5. This mass is mainly in the gastric fundus
6. Microscopically it is mainly squamous cell carcinoma
7. Usually affect old males
8. Smoking can cause peptic but not this pathology
9. Spread is early by lymphatics
10. Esophagus and duodenum infiltrated easily
11. Suspected in cases of resistant dysphagia more than 2 weeks
12. Epigastric mass is the commonest presentation
13. Peptic ulcer that become resistant to treatment may denotes this pathology
14. Bleeding and perforation are common presentation
15. Barium meal can diagnose and differentiate types of this pathology
16. Diagnosis not reached without endoscopy
17. Operable cases treated surgically by radical resection
18. Inoperable cases treated by chemotherapy and gastrojejunostomy
19. About 80% of cases are operable at the time of presentation

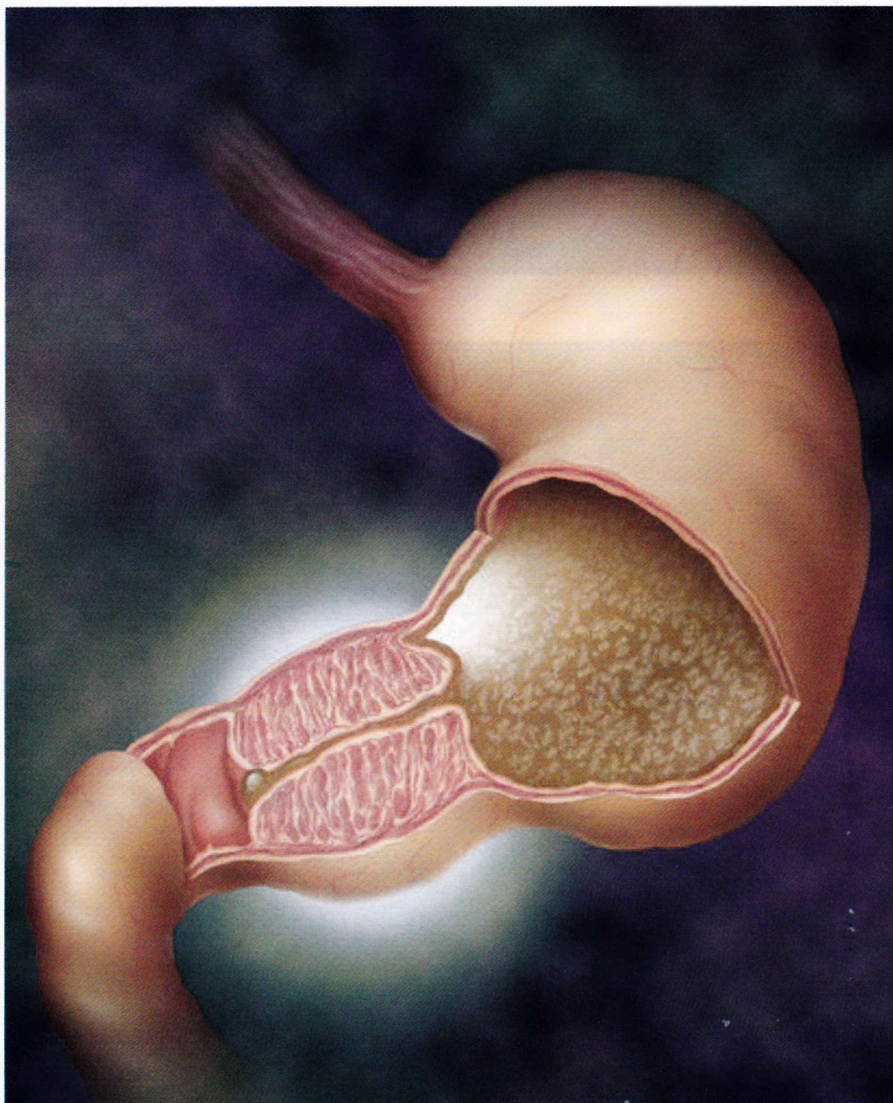


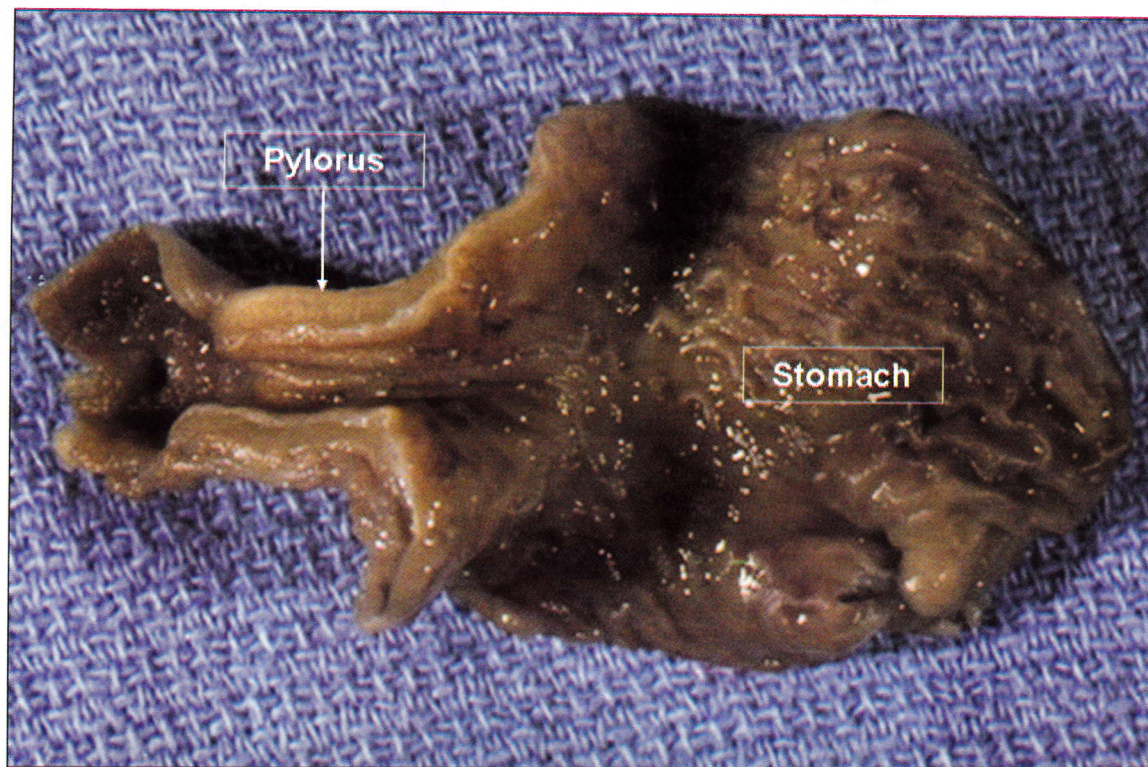




Pyloric Stenosis

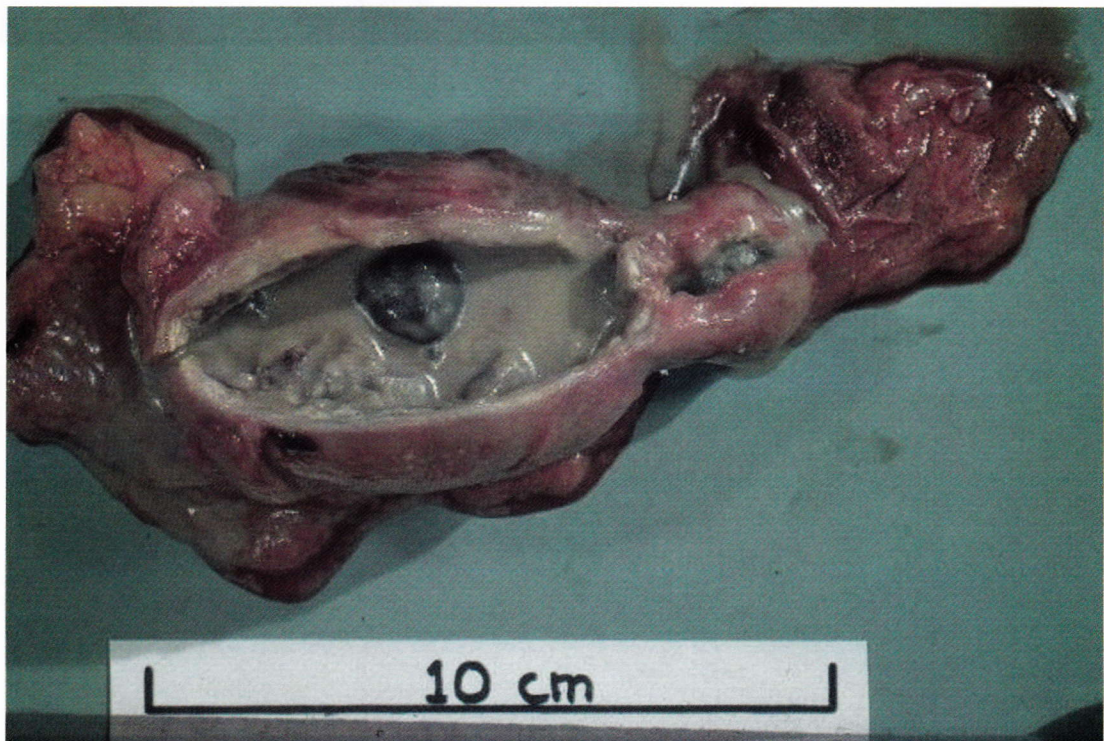
1. Gastric mucosa shows well defined rounded ulcer
2. Pyloric canal appears narrowed with hypertrophied wall
3. A congenital condition mainly affect males
4. Circular muscle fibers of duodenum are hypertrophied also
5. Usually presented at birth by projectile vomiting
6. Non bilious vomiting and constipation are cardinal symptoms
7. Dehydration ,pneumonia and metabolic acidosis are common complications
8. Gastroenteritis is a possible differential diagnosis
9. U/S is the investigation of choice
10. Treatment is essentially surgical at the age of 10 month
11. Pyloric stenosis may be acquired on top of peptic ulcer

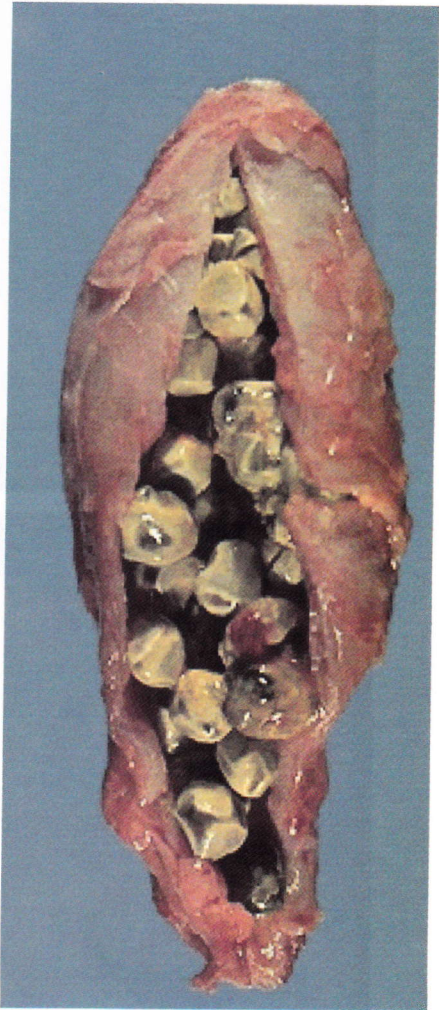
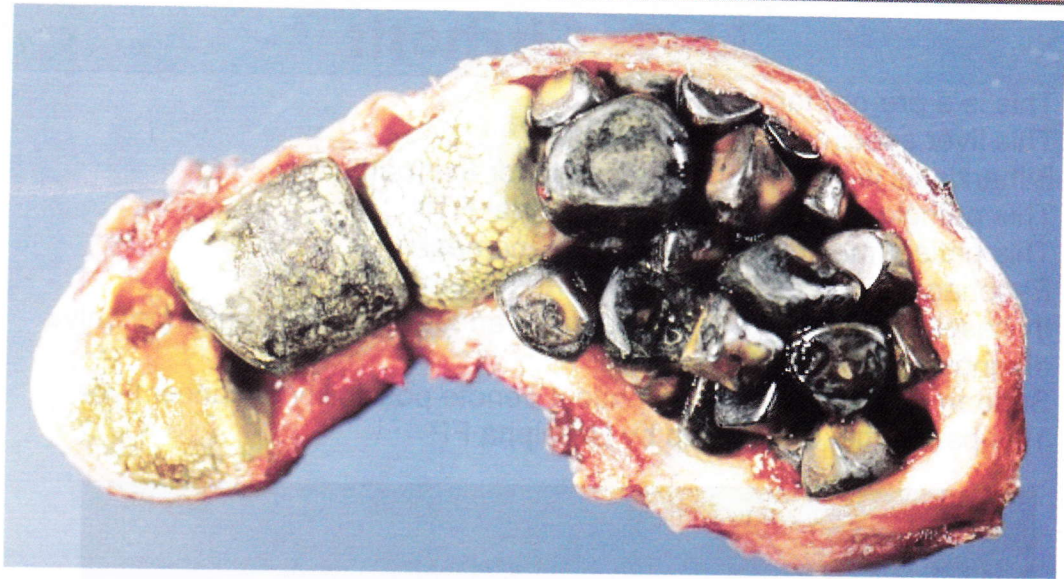




Calcular Cholecystitis

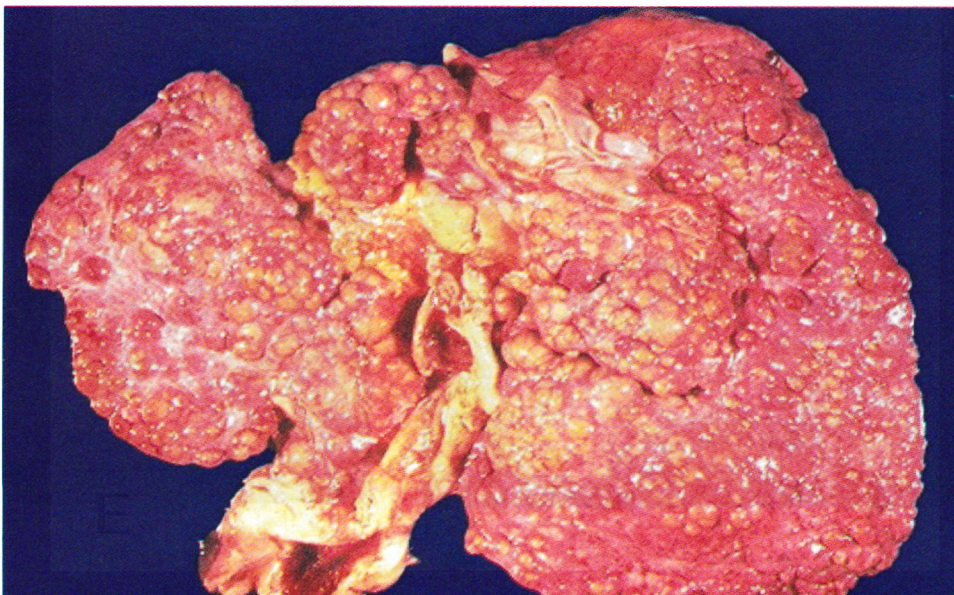
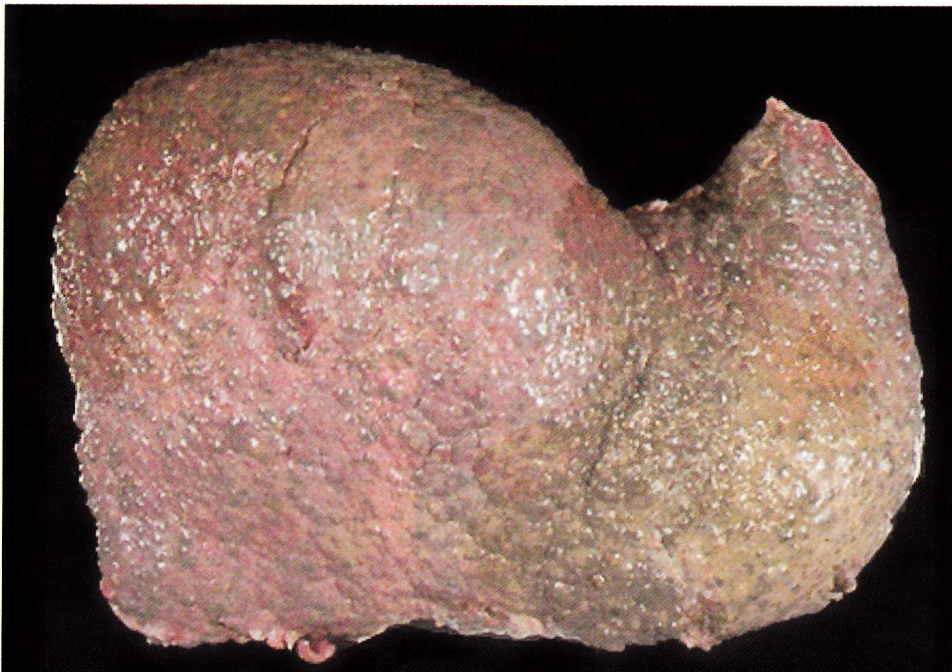
1. This is a case of acute calcular cholecystitis
2. This is a cholesterol stone
3. This is the commonest radiopaque stone
4. More than 80% is asymptomatic
5. Recurrent infection is a common complication
6. The most important diagnostic tool is ERCP
7. The standard treatment is ESWL
8. May be complicated with obustractive jaundice
9. Intestineal obustraction is a possible complication and treated mainly conservative
10. ERAP mandatory in all cases
11. Whatever the time of presentation urgent cholecystectomy done
12. This condition more common in males
13. In this case exploration of CBD in this case is a must
14. These stones are faceted
15. The wall is thickened and fibrosed
16. Gall bladder is gangrenous at its fundus

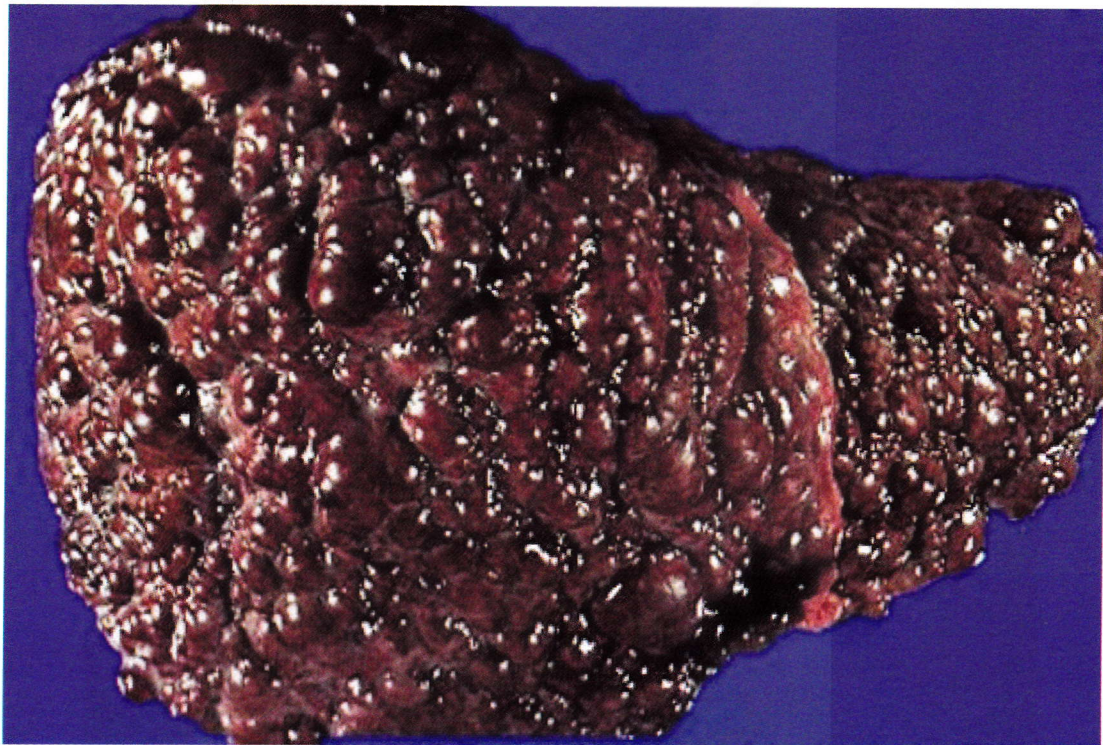
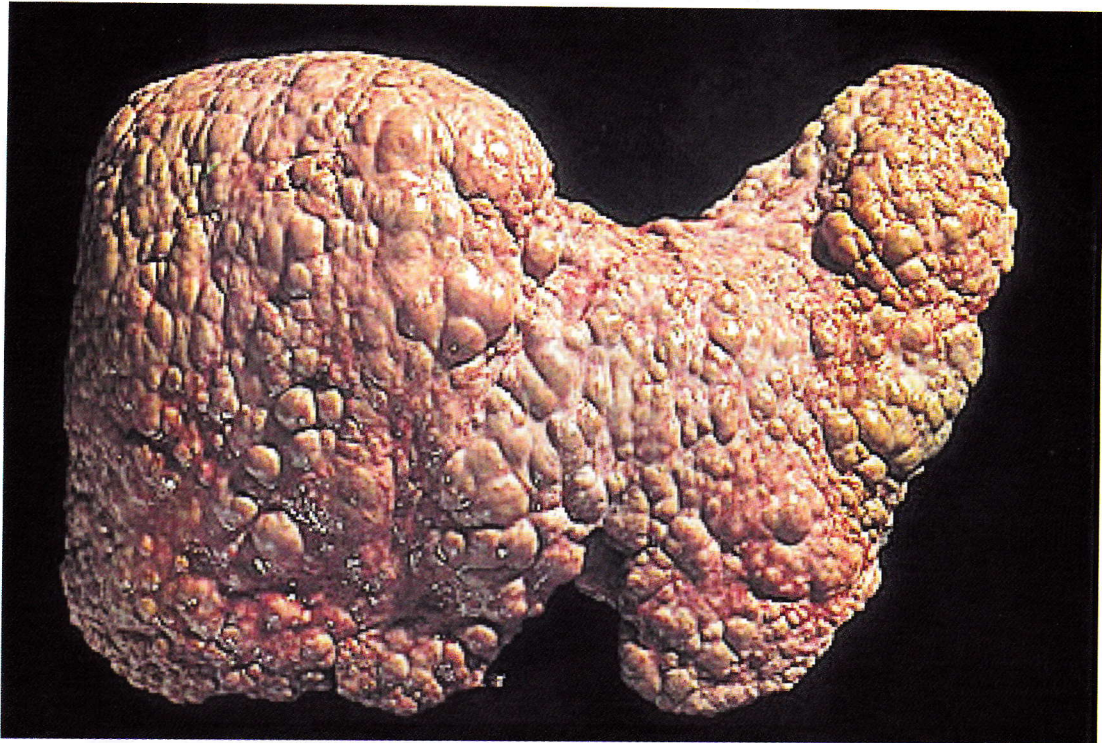




Liver Cirrhosis

1. This is a pre-mortan specimen
2. This liver specimen show HCC
3. Bilharziasis is the commonest cause for that pathology
4. This pathology is a rare cause for portal HTN
5. This patient may presented with splenomegaly
6. Esophageal varices one of the portosystemic shunts
7. IN cases presented with esophageal varices rupture endoscope only diagnostic but not therapeutic
8. Sudden deterioration of this patient denote possibility of cancer liver
9. This patient need follow up by US,alpha FP





Liver Metastasis

1. The 2th most common malignant liver tumor
2. Breast cancer is the most common 1ry tumor
3. Spread mainly through portal route
4. CT is diagnostic
5. Treatment in most caces are palliative
6. It may be operable if the source is pancreas
7. Radiotheraby is commonest palliative ttt
8. May be presented by hepatomegly
9. The alphafeto ptn is always elevated

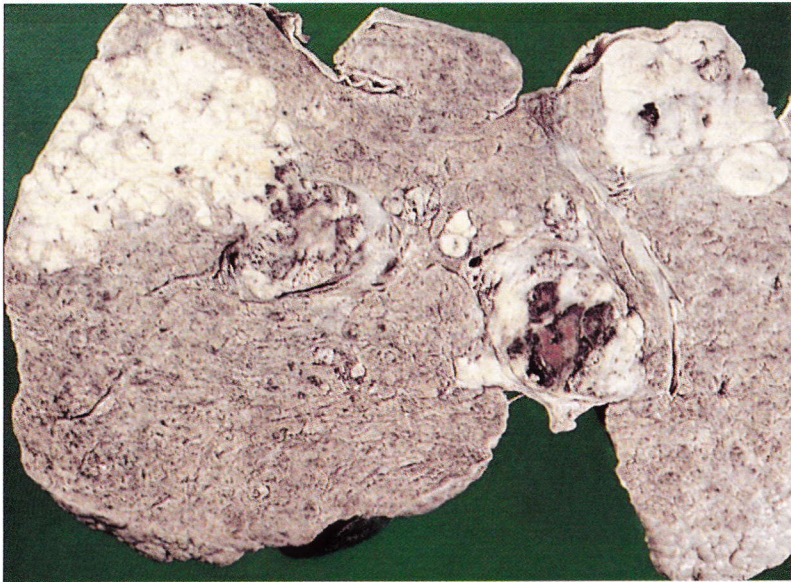
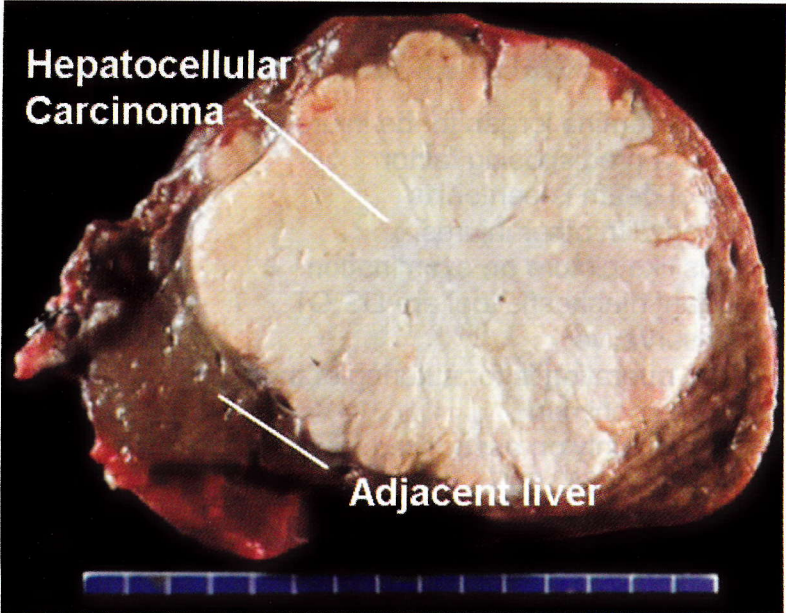




Hepatocellular Carcinoma

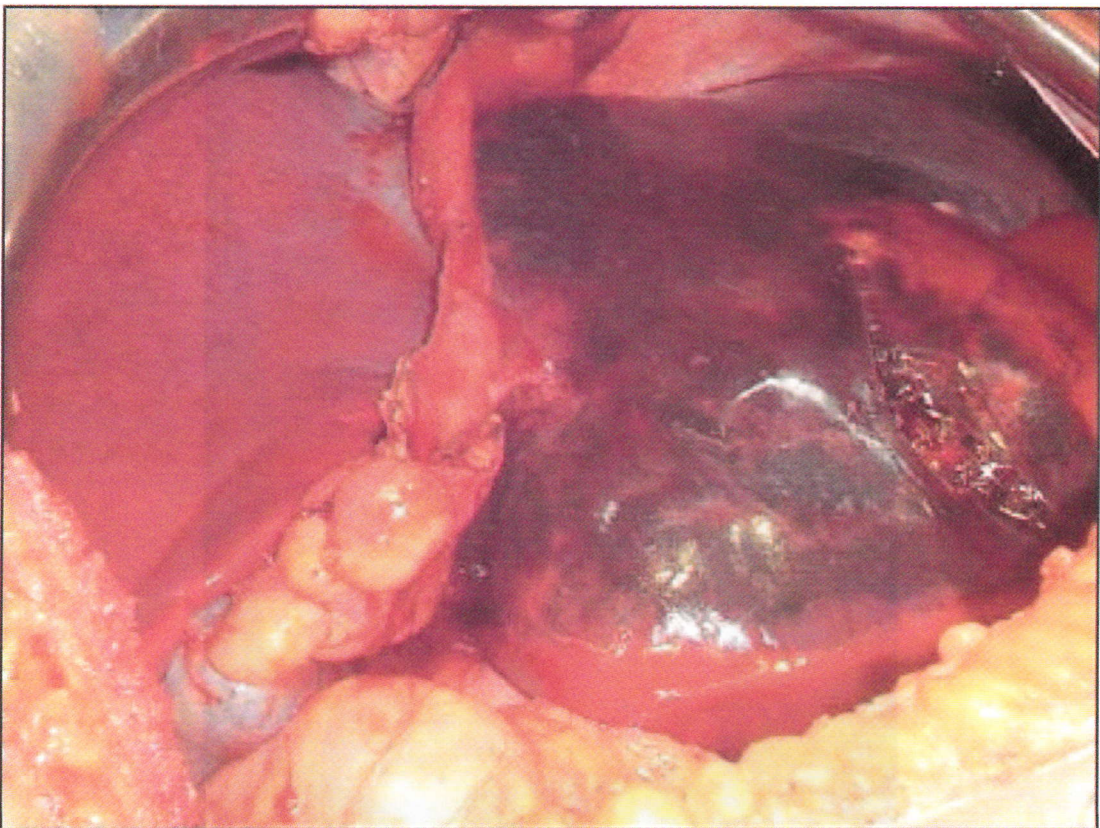
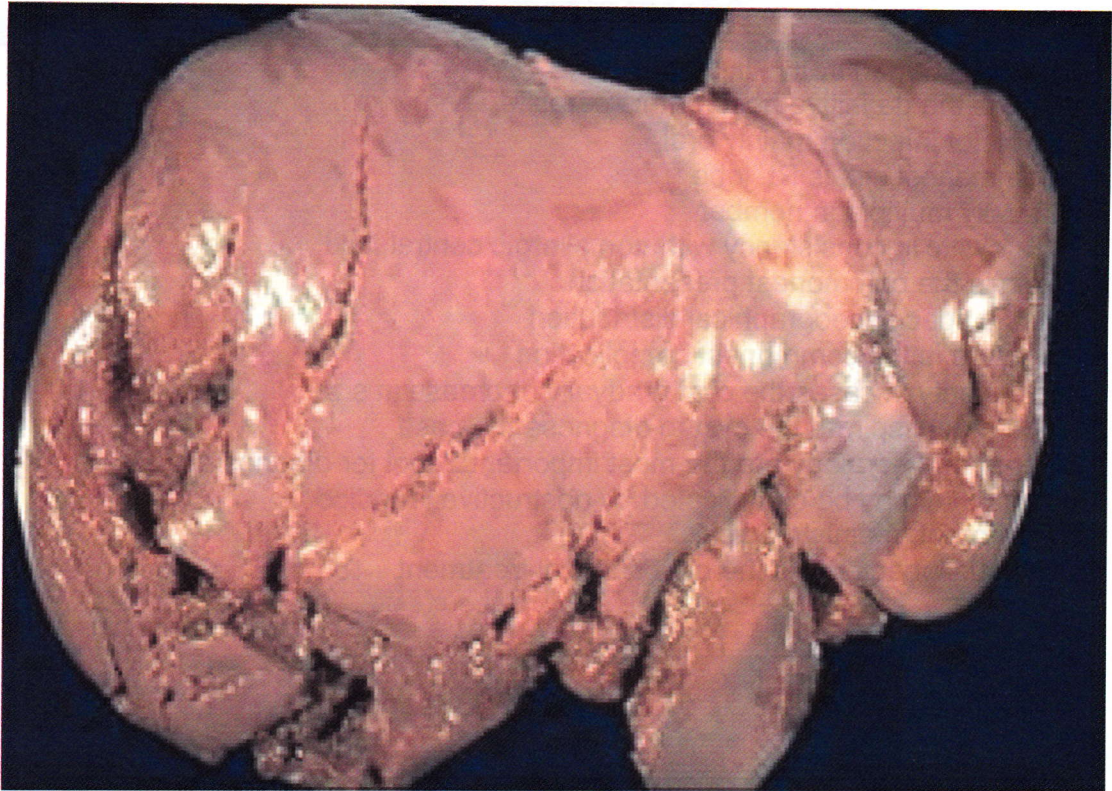
1. This is a premortem specimen
2. This is a cirrhotic liver
3. This is the most common neoplasm in this organ
4. Commonly on top of cirrhosis
5. This mass has a well defined edge
6. It is a cause for hemoperitonium
7. Resistant ascites one of presentation <is a clue for suspicion>
8. Anemia is one of occult presentation
9. The most common presentation is RT hypochondrial mass
10. CT is diagnostic
11. Alpha feto protein is the most specific tumor marker
12. FNAB is important ,simple procedure for diagnosis
13. More than 90% of cases is operable
14. The main line of spread is by portal vein
15. RT supraclavicular lymph node may be enlarged
16. You can exclude the presence of this mass with negative alpha FP





Hepatic Injury

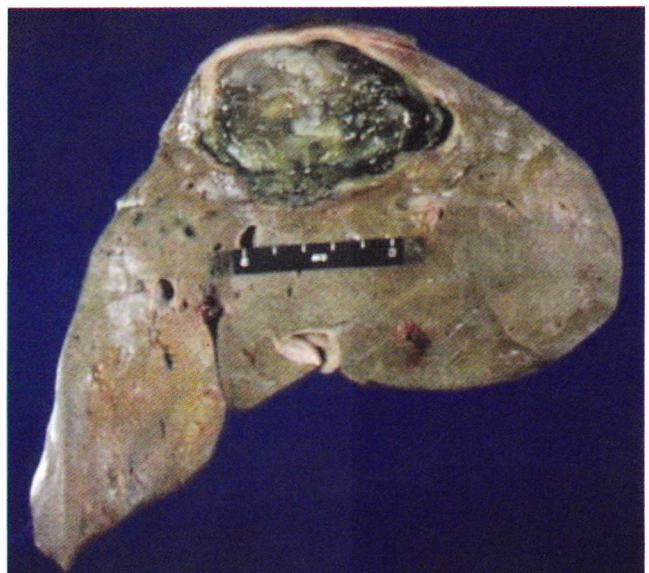
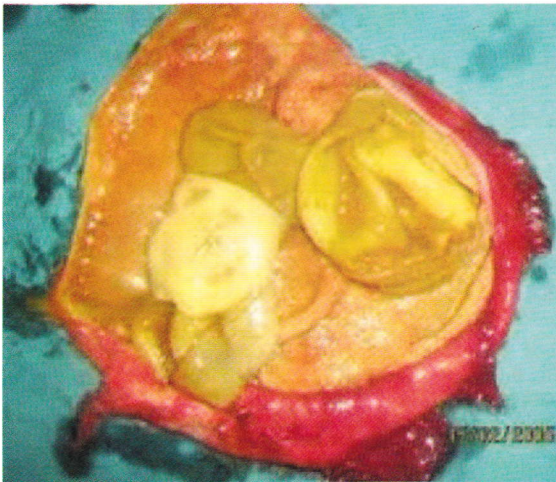
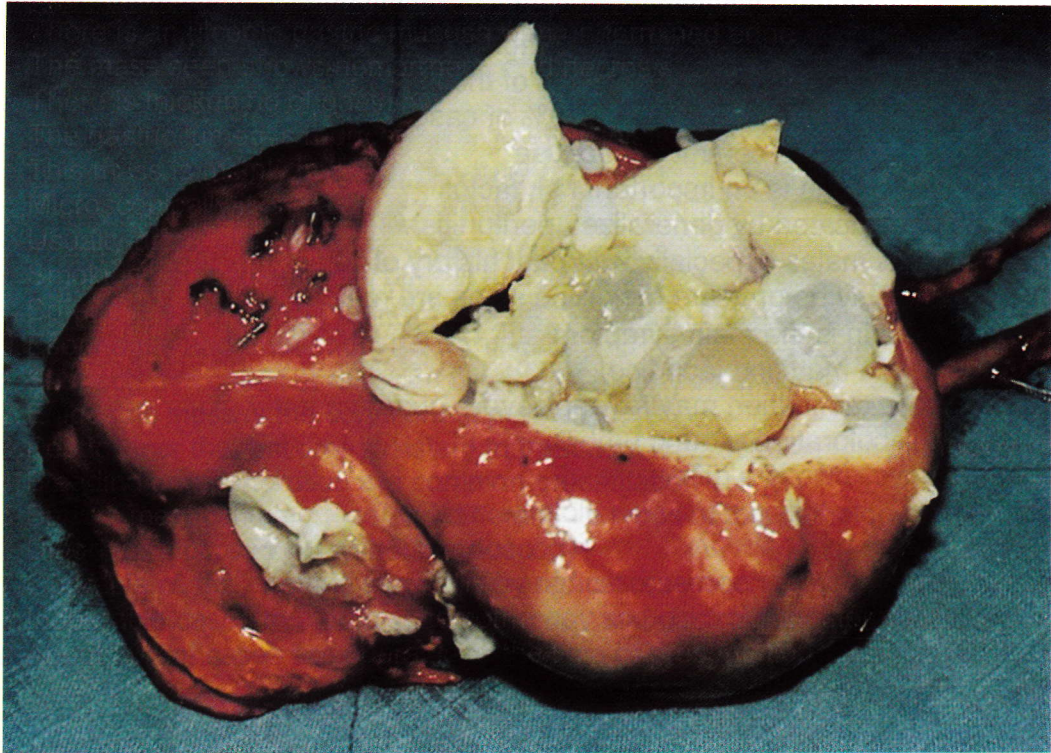
1. This is the most abdominal organ to be injured
2. Its enlargement is a predisposing factor
3. The main cause of death is peritonitis
4. Usually associated with other injuries
5. It gives peritonitis like picture on examination
6. The most important diagnostic tools are US, CT
7. Ttt is mainly conservative
8. The priority in the operation is for suturing of the tear
9. It is post-operative specimen
10. Prognosis depends mainly on associated injuries
11. Mortality rate is about 40%-50%
12. Management priorities are ABC for this patient



Hydatid Cyst

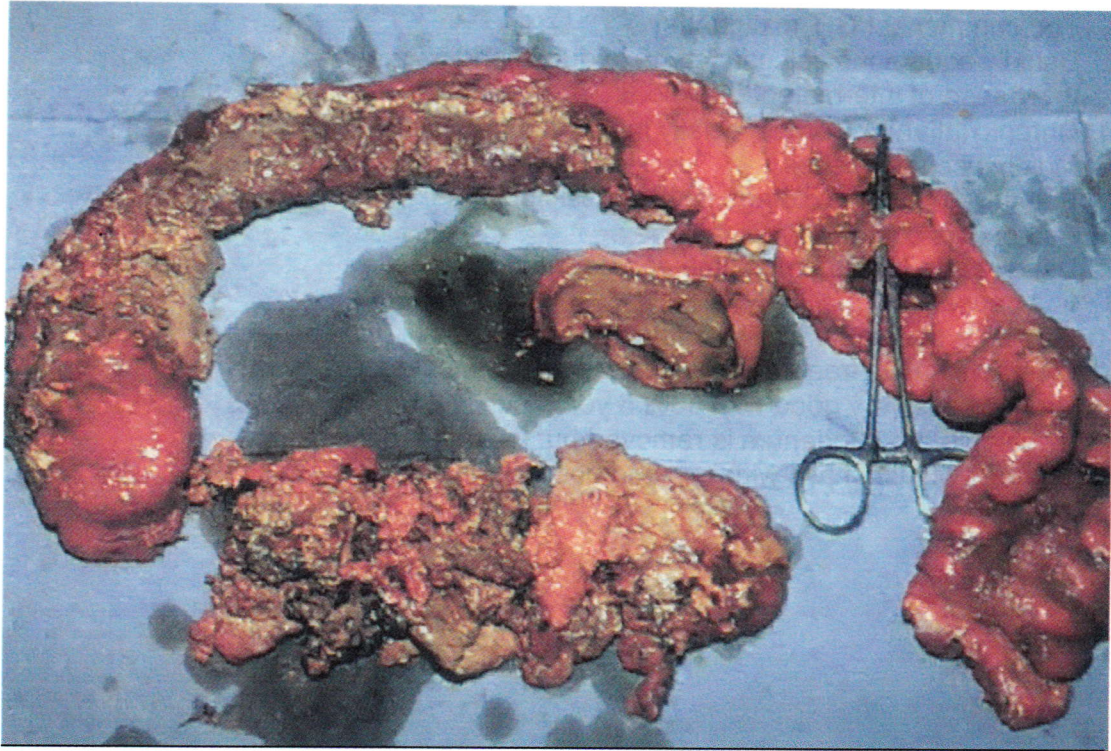
1. This is a degenerative liver disease
2. Man is the definitive host for this parasite
3. Route of infection mainly oral
4. Commonest site is Rt. lobe
5. Usually multiple in number
6. It is cystic in consistency with non allergic central fluid
7. Pain is the commonest presentation
8. Has a special geographical distribution
9. Rupture is the commonest complication
10. In majority in cases the cyst gradually decrease in size
11. You must aspirate the cyst to diagnose the case
12. Sonar and serology are the most important 2 tool for diagnosis
13. This case may be complicated by obstructive jaundice
14. Treatment mainly medical
15. Hepatic lobectomy is the best surgical treatment





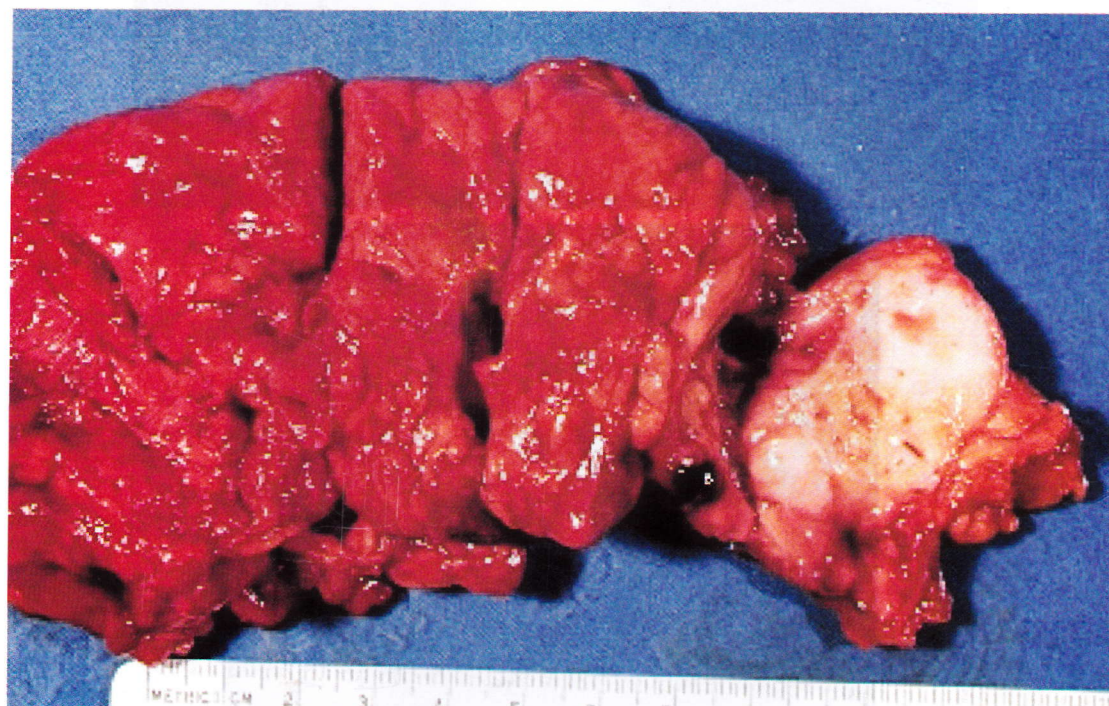
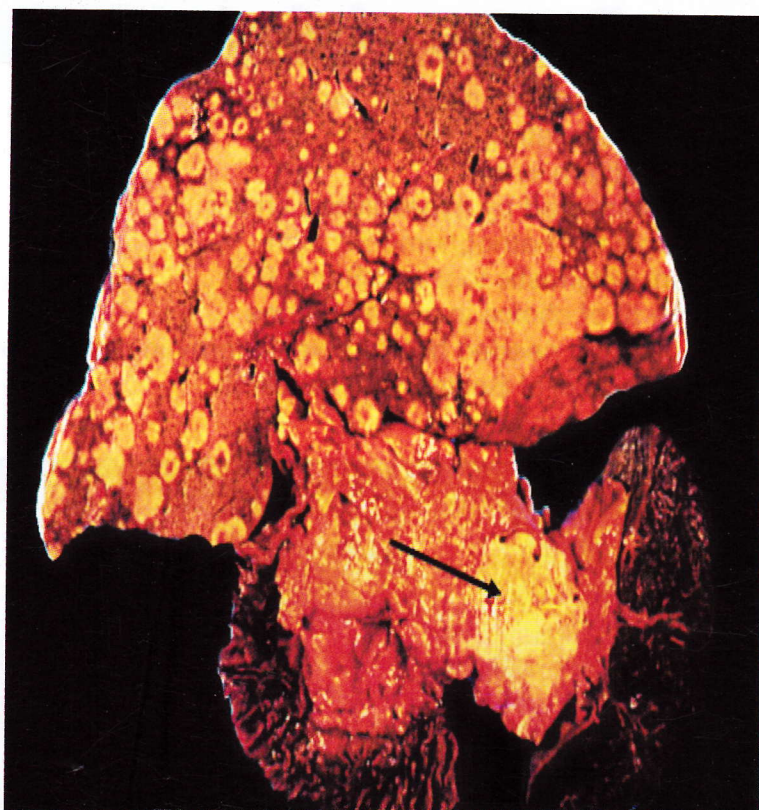
Acute Pancreatitis

1. The picture shows a swollen hemorrhagic pancreatitis
2. There is associated mass in the head of the pancreas
3. May be a cause of death in about 50% of cases
4. Alcohol intake is the commonest cause
5. Gall bladder stone is an important risk factor
6. May be complicated by generalized peritonitis
7. Mainly affect males especially with past history of biliary dyspepsia
8. Although the symptoms are minor the signs are major
9. Epigastric pain is the main symptom
10. Generally you may find jaundice
11. Abdominal examination may reveal severe guarding and rigidity
12. There is discoloration around umbilicus and in the flanks
13. Acute cholecystitis is a differential diagnosis
14. Serum amylase is the most specific investigation
15. Ct scan is the most accurate investigation
16. Laparotomy may be needed for diagnosis
17. Ttt is essentially by surgical evacuation
18. Conservative treatment is mainly directed to giving massive antibiotic course



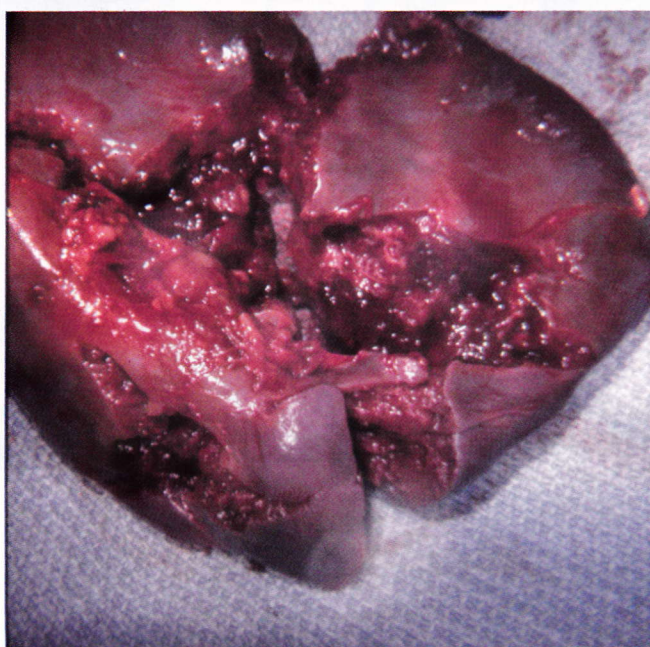
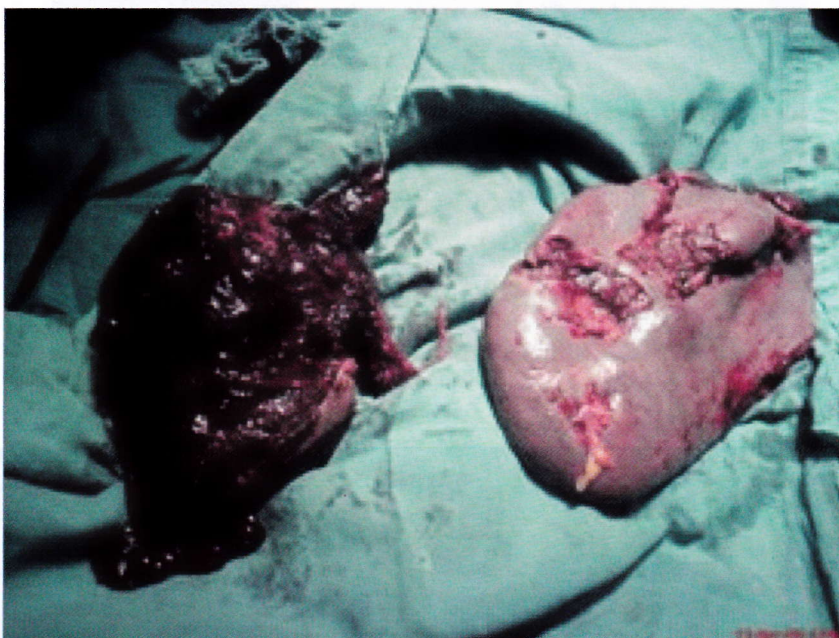
Carcinoma of Pancreas

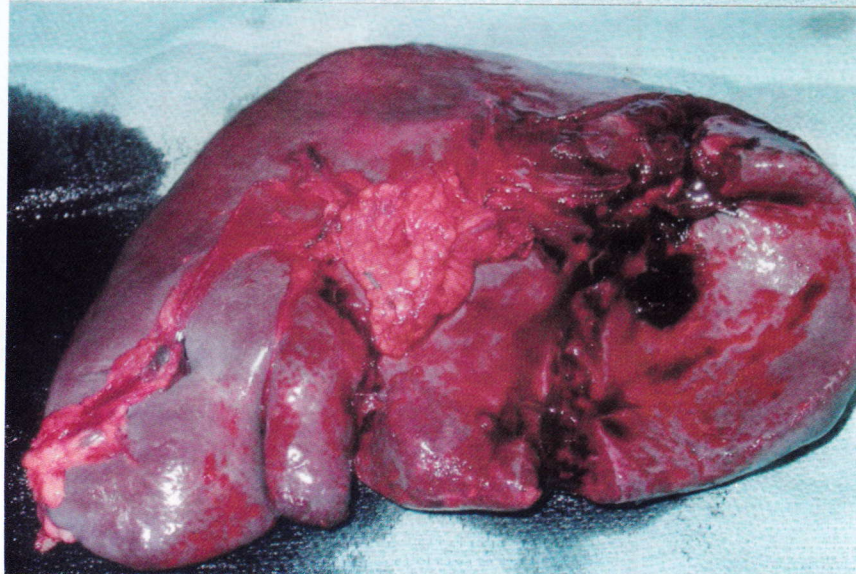
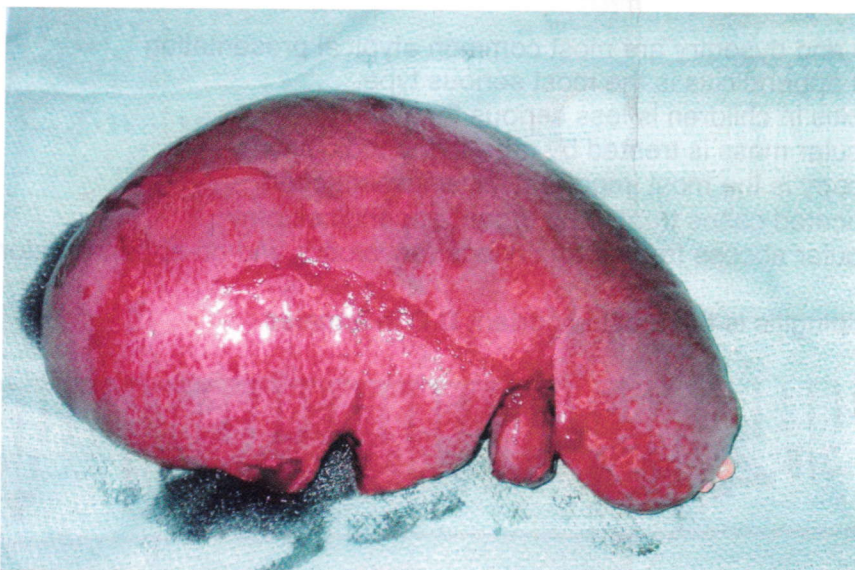
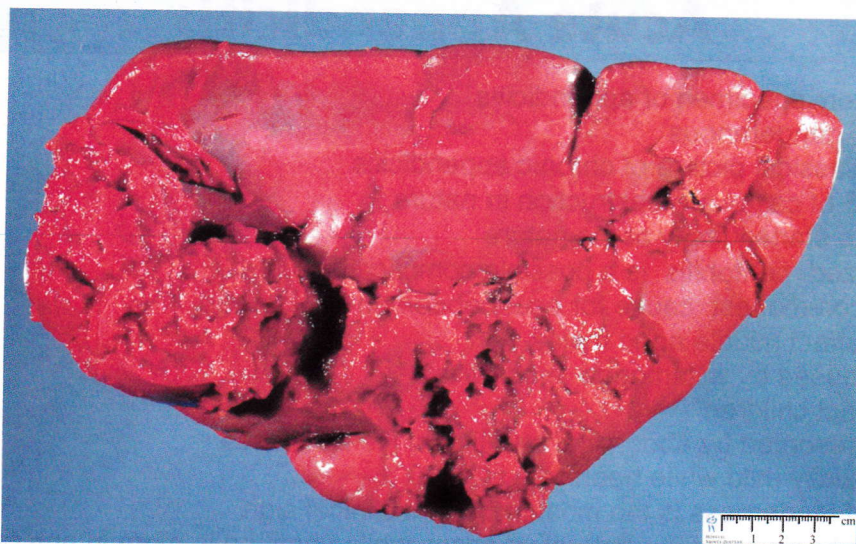
1. The commonest GIT malignancy
2. Usually squamous cell carcinoma of ductal origin
3. Is a cause of intermittent jaundice
4. Chronic inflammation especially in DM is a predisposing factor
5. Mostly occur in the tail
6. Painful jaundice in old age is the classic picture
7. Asthenia is common
8. Usually less than 1 cm at time of presentation
9. Is a cause for portal HTN
10. May be a source for liver metastasis
11. Operable cases treated by pancreatico-duodenostomy
12. Prognosis is very good with 50% 5 years survival rate in whipple
13. In whipple the duodenum is removed but leave the gall bladder
14. There is whitish mass with hge and necrosis



Rupture Spleen

1. This organ the most abdominal organ to be injured
2. The commonest cause is iatrogenic
3. Bleeding less than rupture liver
4. This case may be presented by hypovolumic shock
5. Balance's sign is an early pathognomomic sign
6. The most important diagnostic tool is U/S and CT
7. Splenectomy is the ttt of choice in all age groups
8. Preoperative preparation needed before splenectomy in child before 5 years
9. Commomest complication of Splenectomy is OPSI
10. Treatment is mainly conservative

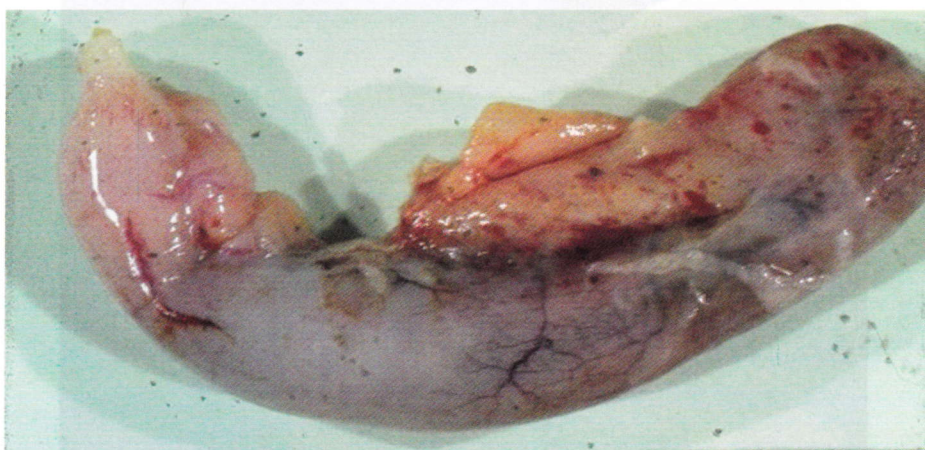
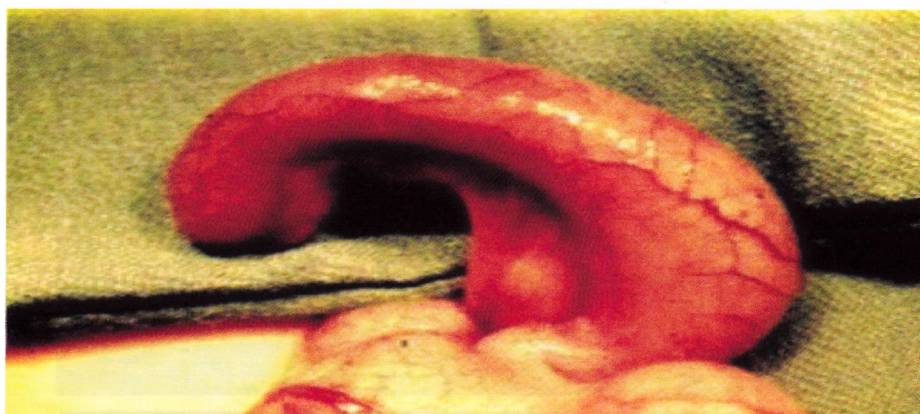
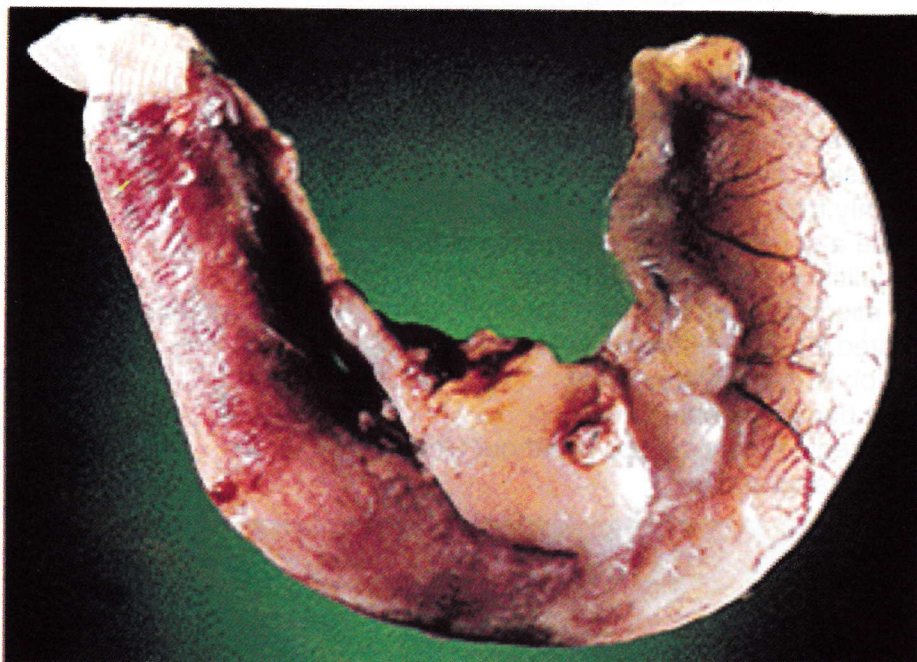




Acute Appendicitis

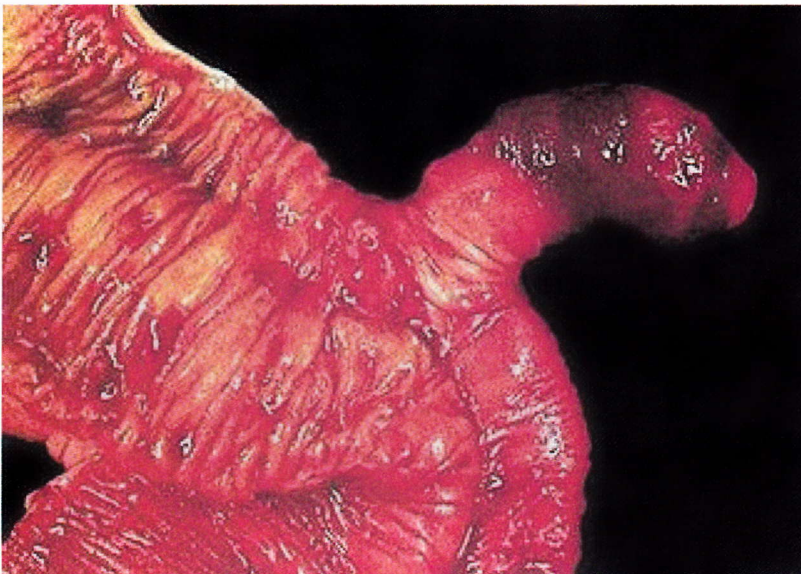
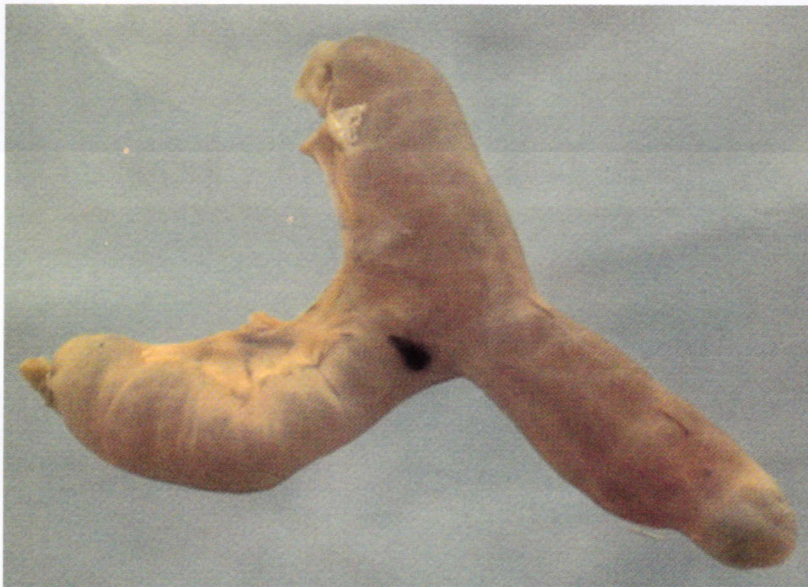
1. Postmortem specimen of appendicitis
2. The tip is gangrenous
3. It is the classical picture of chronic appendicitis
4. About 1/3 of cases are obstruction in nature
5. Gangrene started firstly at the nature
6. Generalized peritonitis is a possible complication
7. It is the commonest cause for acute abdomen in old ages
8. Usually affect middle aged males
9. Mostly caused by entamoeba histolytica
10. Rarely affect children
11. Mainly presented by abdominal swelling in RT iliac fossa
12. Fever usually mild while heart rate is <100
13. Rebound tenderness is the most important clinical sign
14. Fever and pain more in obstructive cases while vomiting is more in non obstructive cases
15. Dysuria and dysentery are most common atypical presentation
16. Post ileal appendicitis is the most serious type
17. Appendicitis in children is less serious than adult
18. Appendicular mass is treated by urgent appendicectomy
19. Laparoscopy is the most important initial investigation
20. Uncomplicated cases treated by urgent appendicectomy
21. Appendicular abscess treated by drainage, antibiotics and no appendicectomy for 3-6 month
22. Acute salpingitis is the most important D.D in females

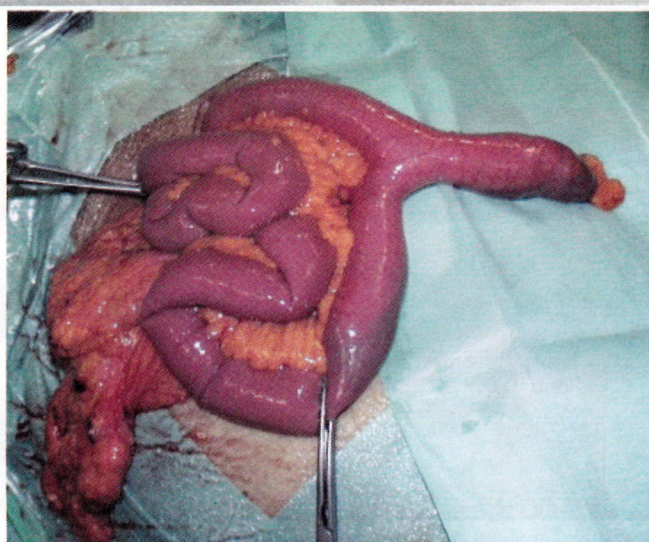
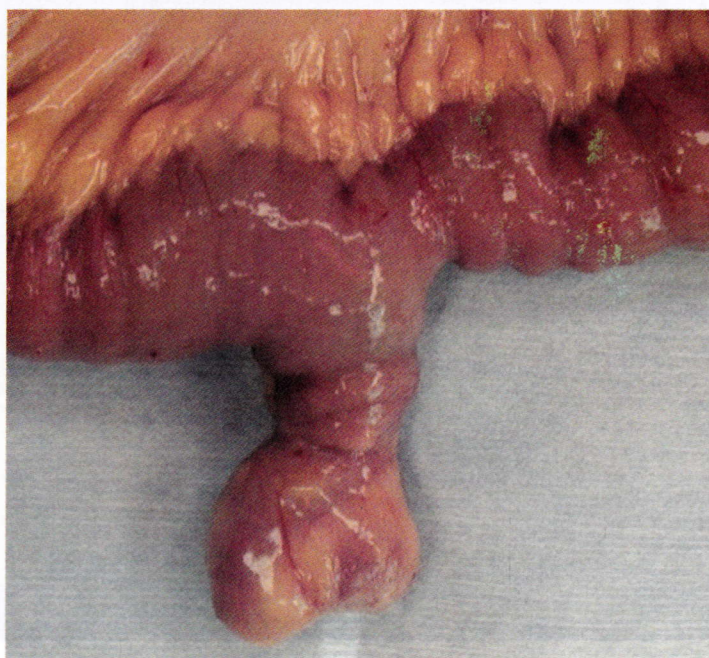




Meckel's Diverticulum

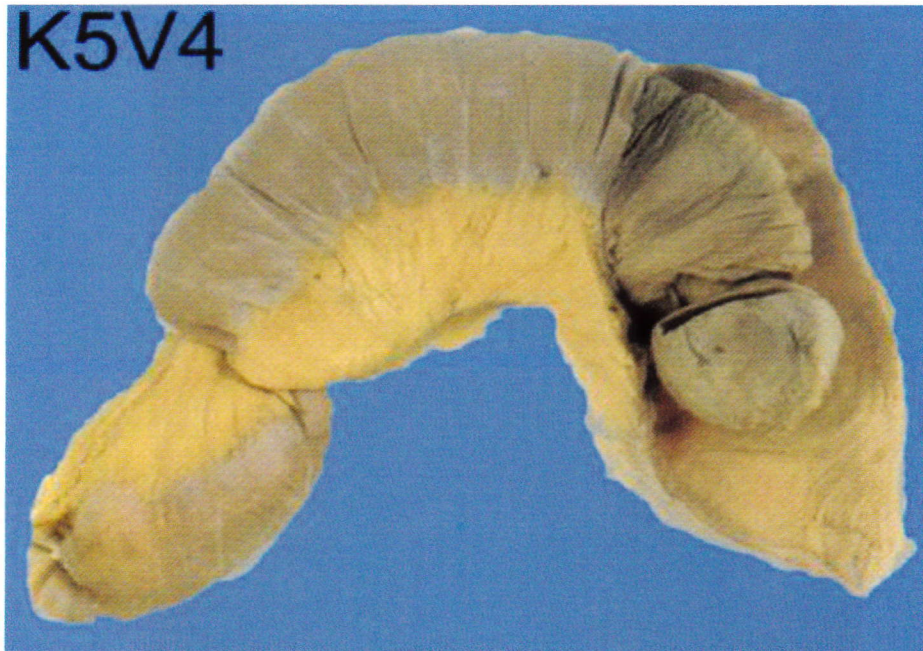
1. It is acquired diverticular disease of small intestine
2. A cause of bleeding per rectum
3. Commonly affect female children
4. Commonest site is ascending colon
5. It is a pulsion diverticulum of colon
6. Commonly from antimesenteric border
7. It may be a source of recurrent peptic ulcer
8. Diverticulitis is the commonest presentation
9. Mostly misdiagnosed as acute appendicitis but it is less serious
10. Perforated DU is a differential diagnosis
11. Resection is the only treatment
12. This is a benign colonic tumor
13. There is redish mucosal polyp without ulcers
14. The tip is gangrenous

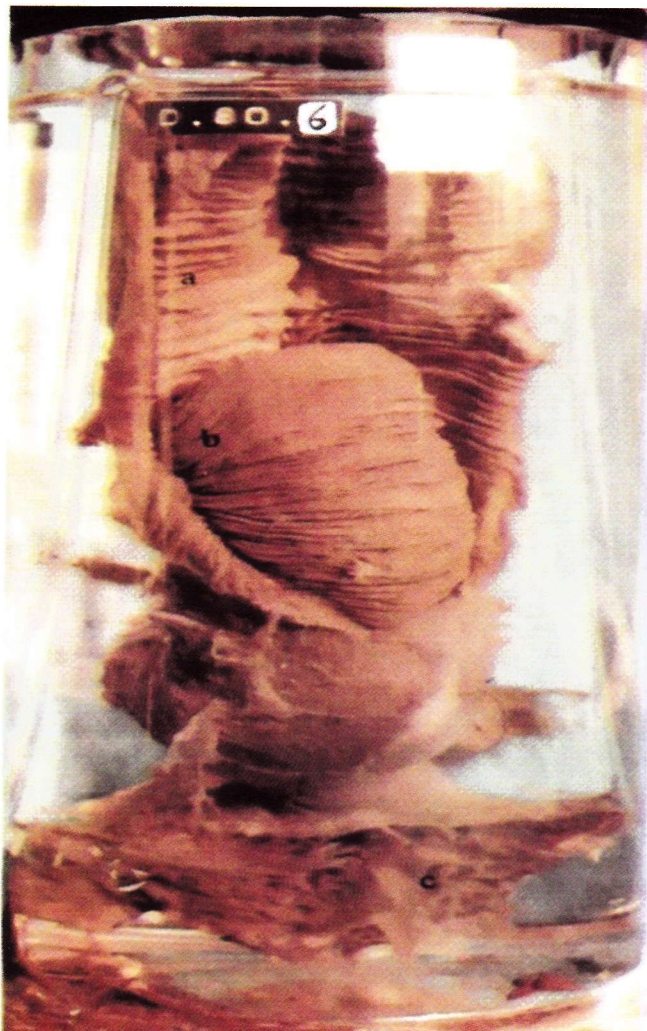




Intussusception

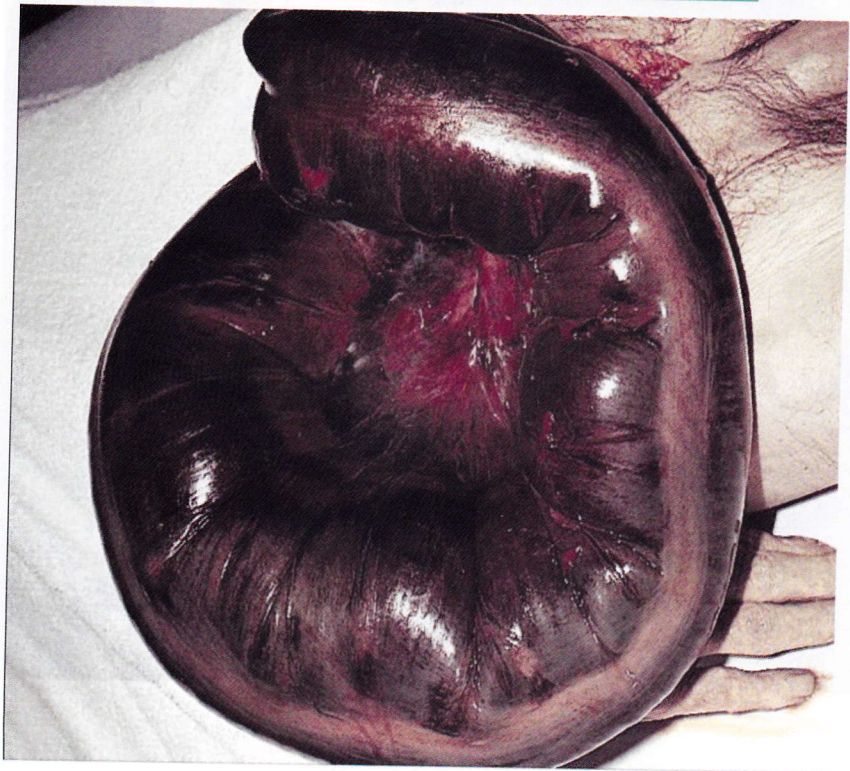
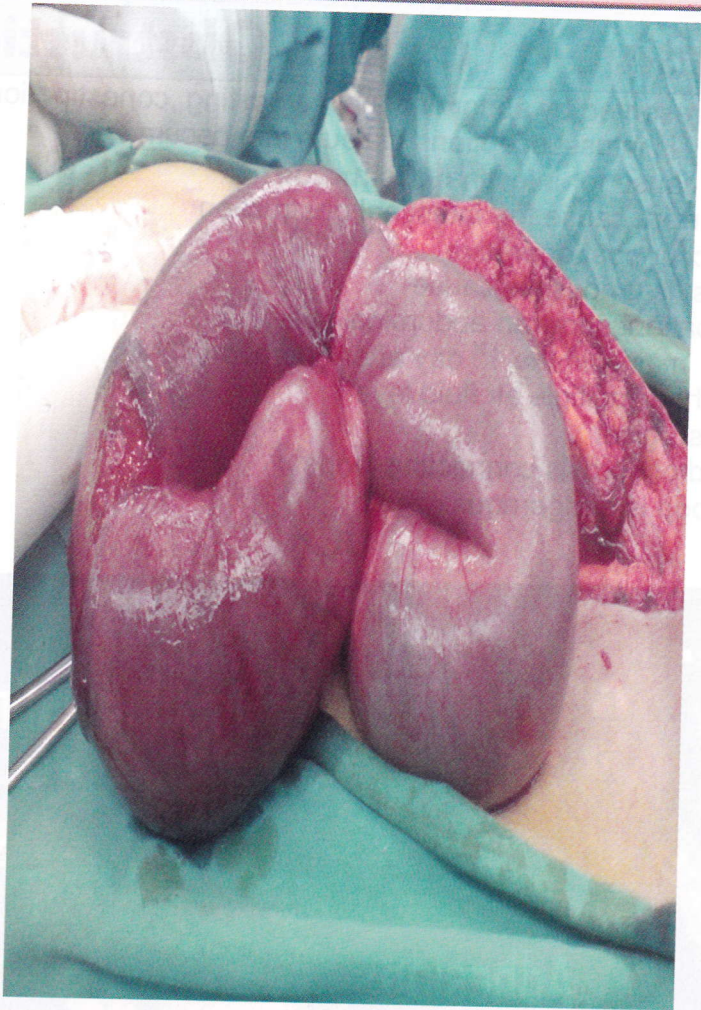
1. This pathology may occur in elderly on top cancer colon
2. This pathology is cause for intestinal obstruction
3. This picture show iliocecal volvulus
4. Commonest site is ileoileal
5. Mostly caused by meckle.s diverticulum below one year
6. This pathology my occur in patient suffer from gastroenteritis
7. This patient presented by abdominal colics and vomiting
8. Vomiting follows the abdominal colics in most cases
9. May cause bleeding per rectum
10. Plain x-ray erect show double bauble appearance
11. Barium enema is diagnostic
12. Claw sign is diagnostic in adolescent
13. Early cases may be treated conservative





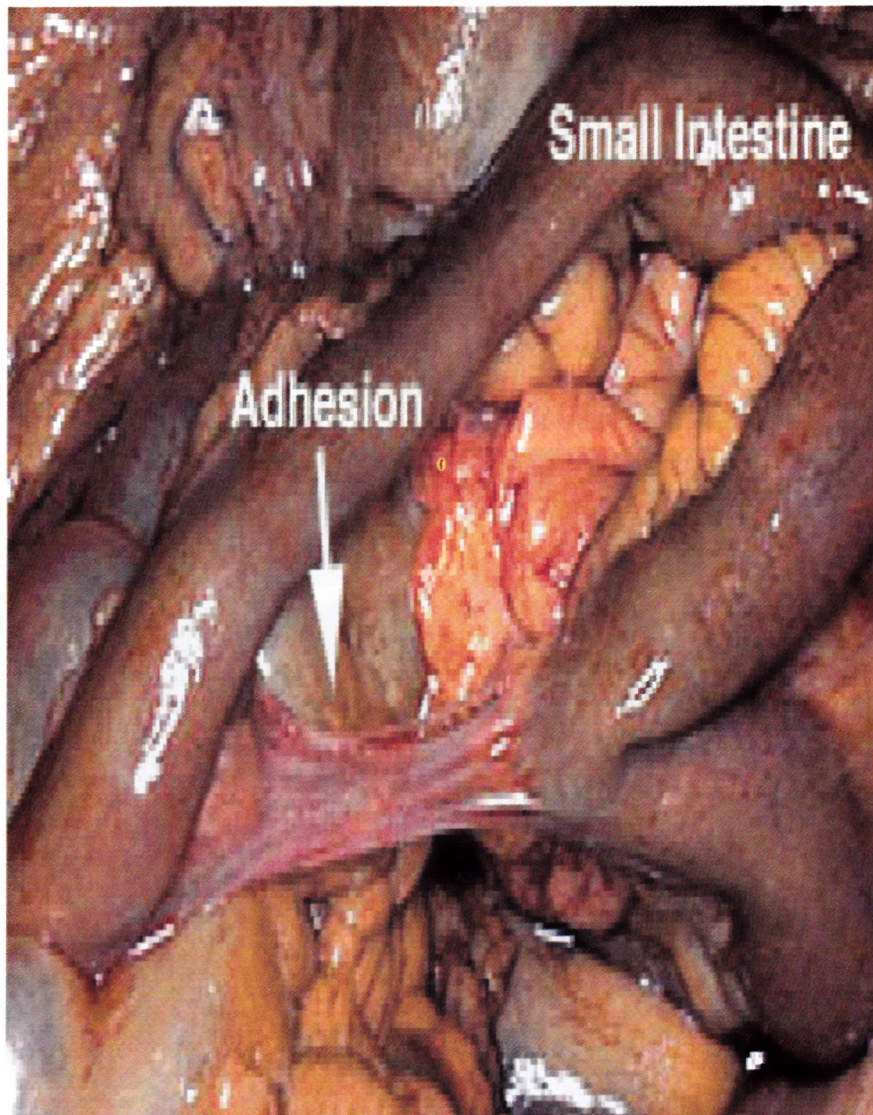
Volvulus Pelvic Colon

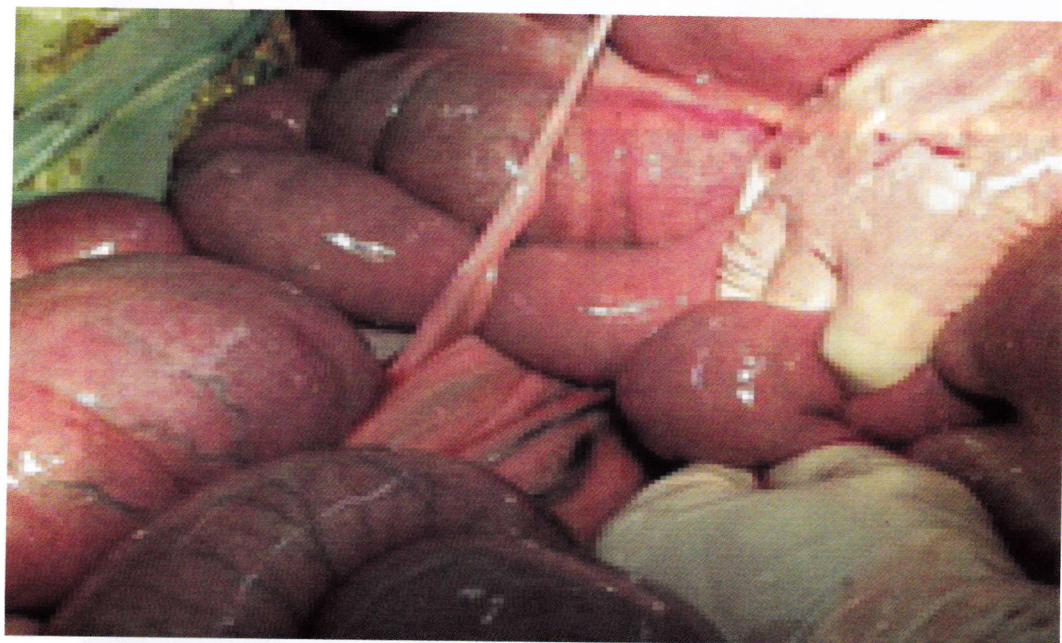
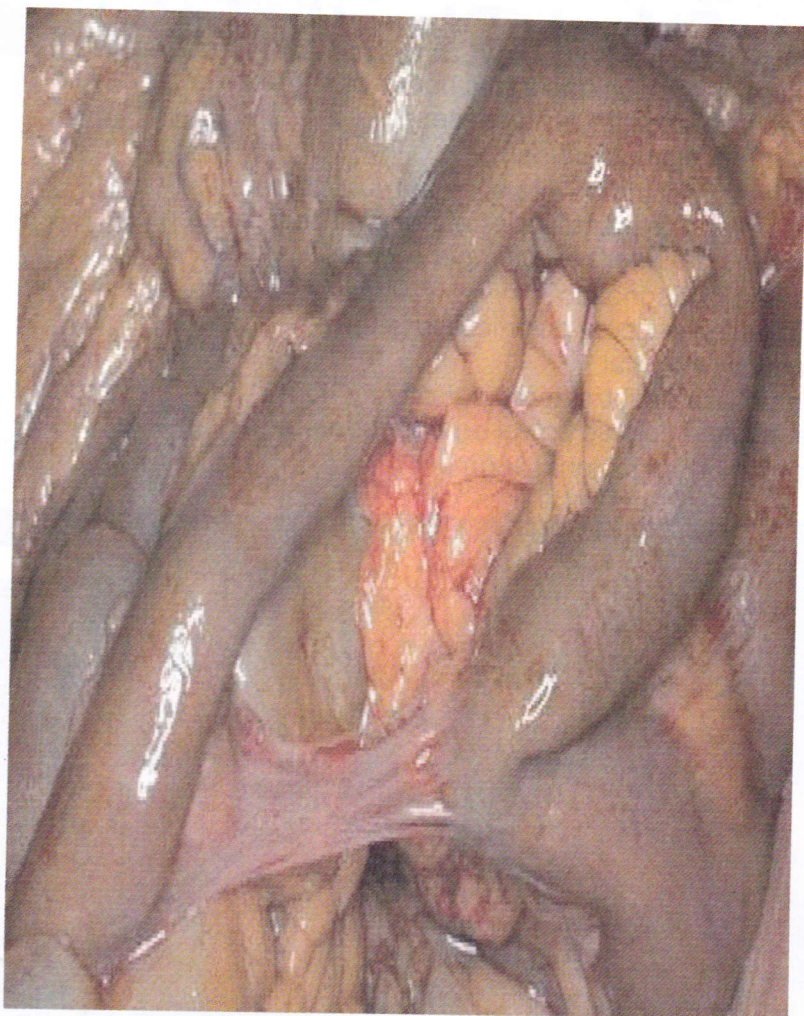
1. This is a picture of gangrenous colon
2. Commonly affected children below 5 years
3. Pelvic colon is the commonest site in adult
4. Vomiting occur 2 days before abdominal pain
5. Pain is the main complain
6. Barium enema is diagnostic
7. X-RAY show air fluid level
8. The only ttt is surgical
9. Colopexy is the operation of choice whatever the loope is viable or not
10. The pelvic colon is distended
11. A post mortem specimen for pelvic colon



Adhesive Intestinal Obstruction

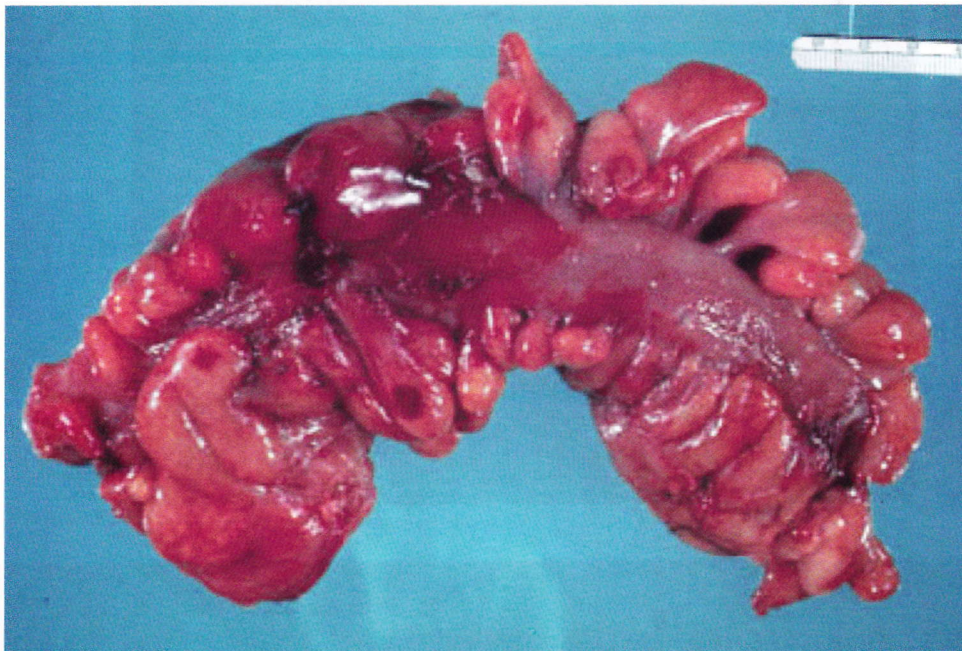
1. This patient presented by abdominal pain ,vomiting ,constipation
2. This pathology is intussusceptions of ileum into cecum
3. This is a rare cause for intestinal obstruction
4. This is a recurrent cause for intestinal obstruction
5. Commonly occur post operative
6. T.B peritonitis is a possible cause
7. Usually this patient show an abdominal scar
8. Presentation mainly in the 1st day after operation
9. Plain X-ray show multiple air fluid level
10. Ttt is mainly surgical
11. There is band of fibrosis connecting loops
12. The shown loop is gangrenous

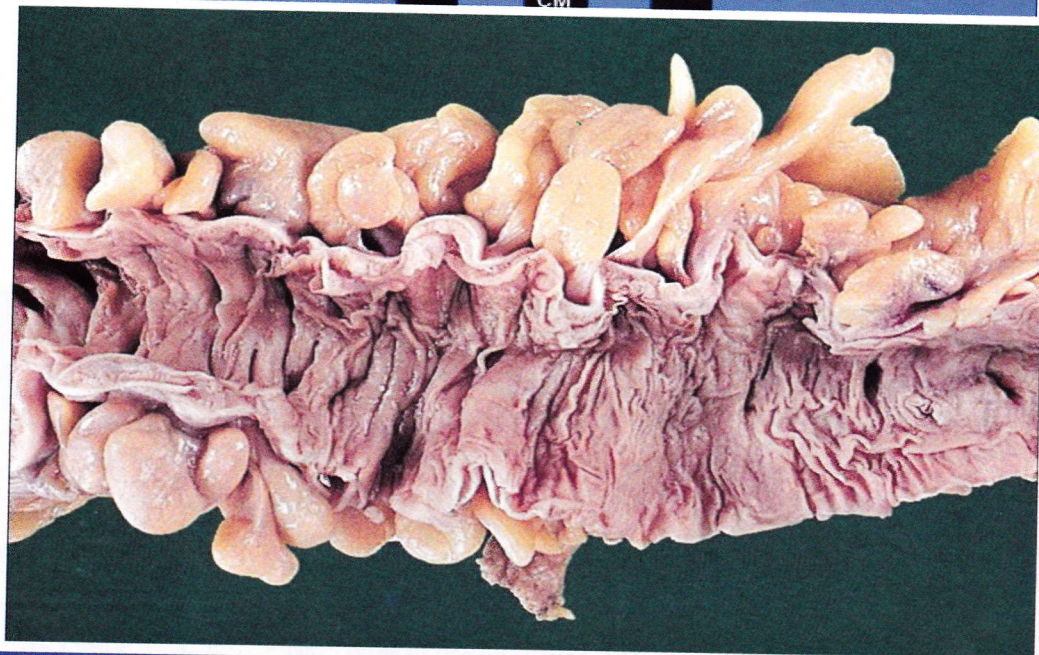




Colonic Diverticulosis

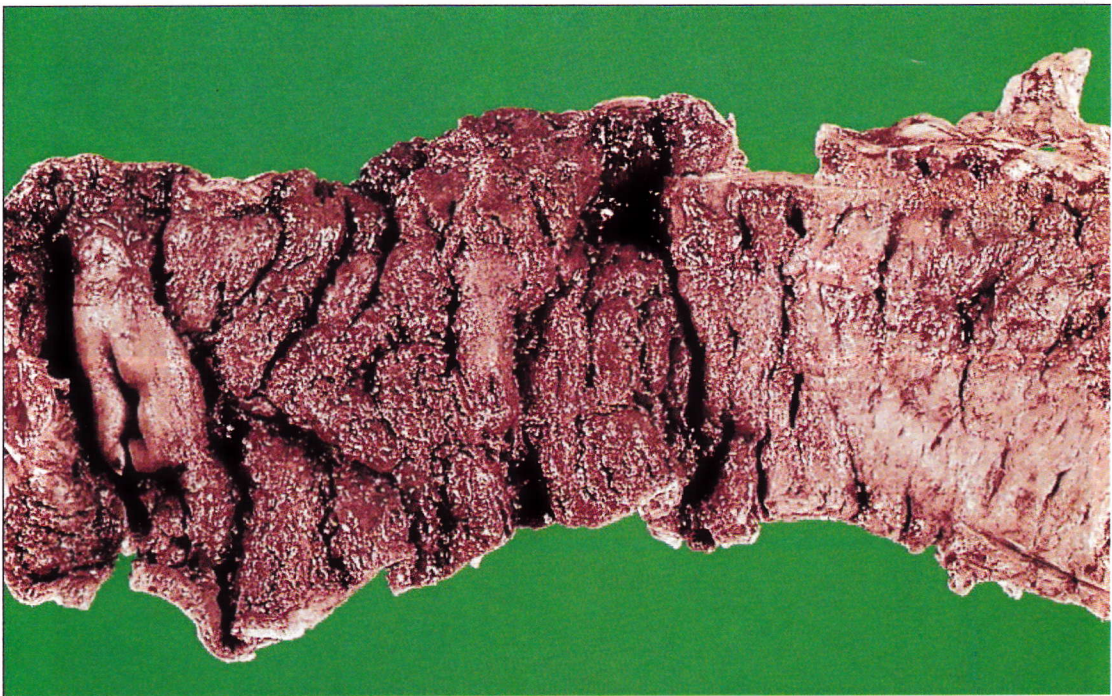
1. This pathology is a result of chronic heavy diarrhea
2. It is acquired true diverticular disease
3. Commonly affect sigmoid colon
4. Rectum is the 2nd common site after sigmoid colon
5. The most common presentation is abdominal pain, tenderness
6. It is a common cause for bleeding per rectum
7. Barium enema is diagnostic
8. Best investigation in acute diverticulitis is CT
9. Ttt is essentially surgical
10. Acute diverticulitis best treated surgically
11. There are multiple colonic polypi on both borders
12. This is a postmortem jejunal segment





Ulcerative Colitis

1. Rectum is a common site for this pathology
2. The mucosa show ulceration without skip lesion
3. These ulcers extent deeply to reach musclosa
4. This pathology is benign never turn malignancy
5. This pathology is a cause for bleeding per rectum
6. Constipation is a common presentation
7. More common in females
8. Biopsy via colonoscopy is the best method for diagnosis
9. Standard ttt is pan-procto-colectomy

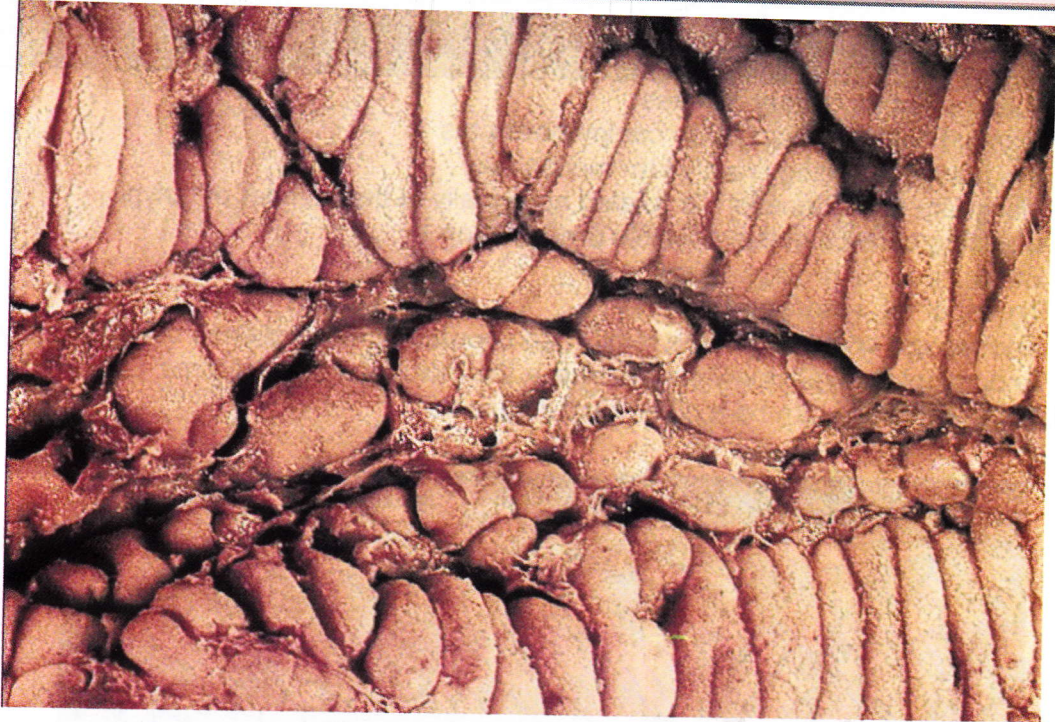




Crohn's Disease

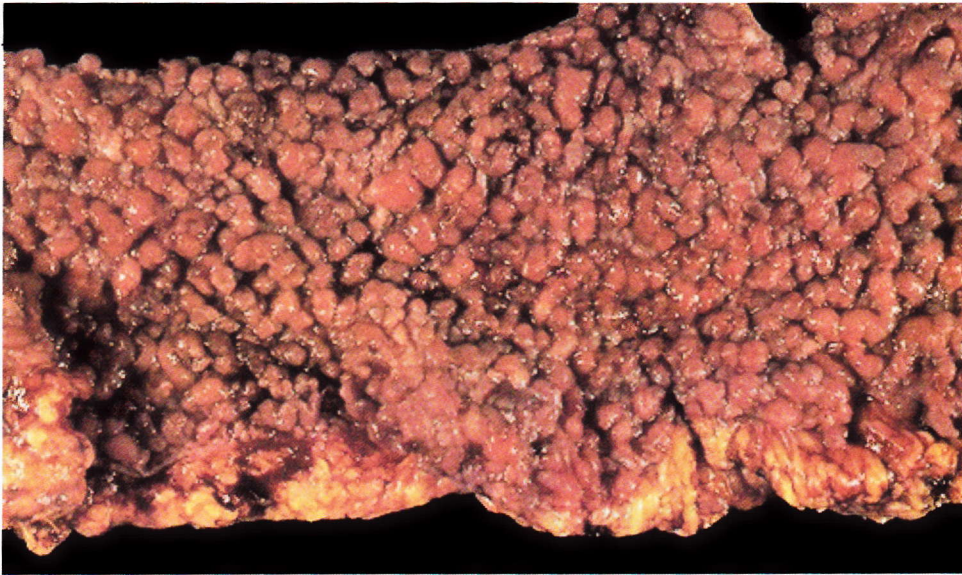
1. This pathology affect only the mucosa
2. This disease ffect only the intestine
3. Commonest site is terminal ileum
4. The affected segmented become atrophied with skip lesion
5. Cobble stone appearance is characterized
6. Gall bladder stone may be a complication for this pathology
7. This condition may be misdiagnosed as acute appendicitis
8. Barium enema is diagnostic





Familial Polyposis Coli

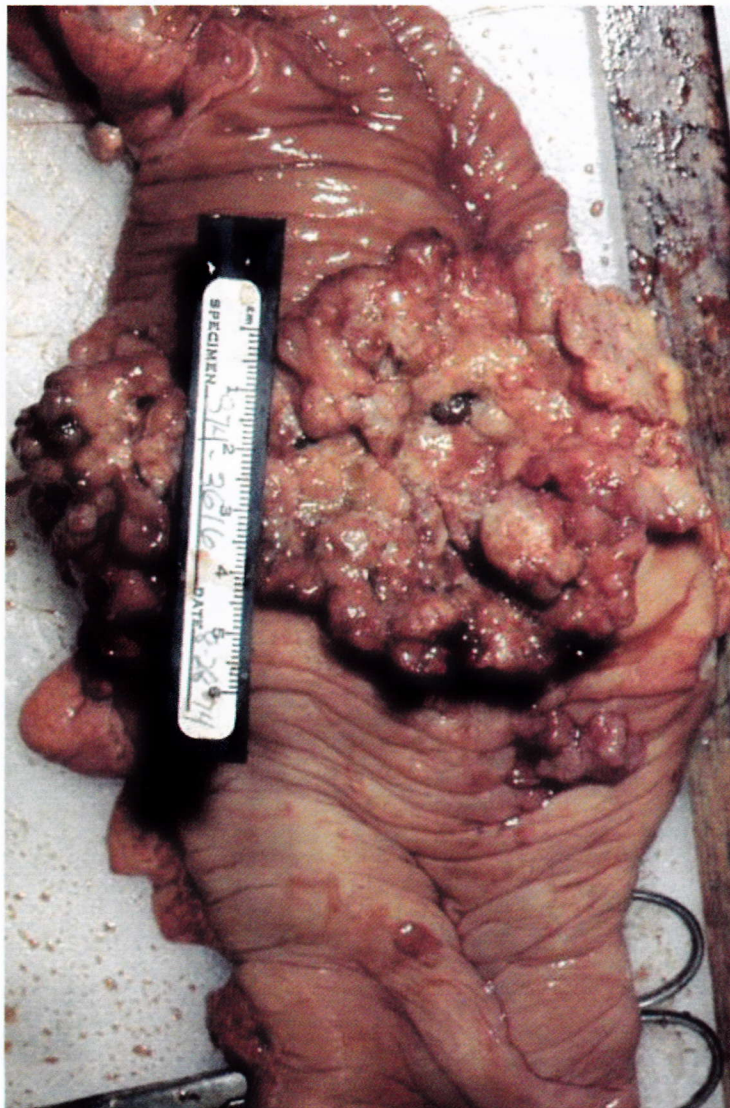
1. Acquired inflammatory disease
2. Sigmoid colon ,rectum is the commonest sites
3. It is benign pathology rarely turn malignancy
4. Malignant transformation is related essentially to the number of polypi
5. Bleeding perrectum is a possible presentation
6. Barium enema is diagnostic
7. Treatment is essentially medical
8. Endoscopic screening of the family can decrease the incidence of malignancy
9. Endoscopic polypectomy can decrease the incidence of carcinoma
10. Bilharzial polypi can be a differential diagnosis

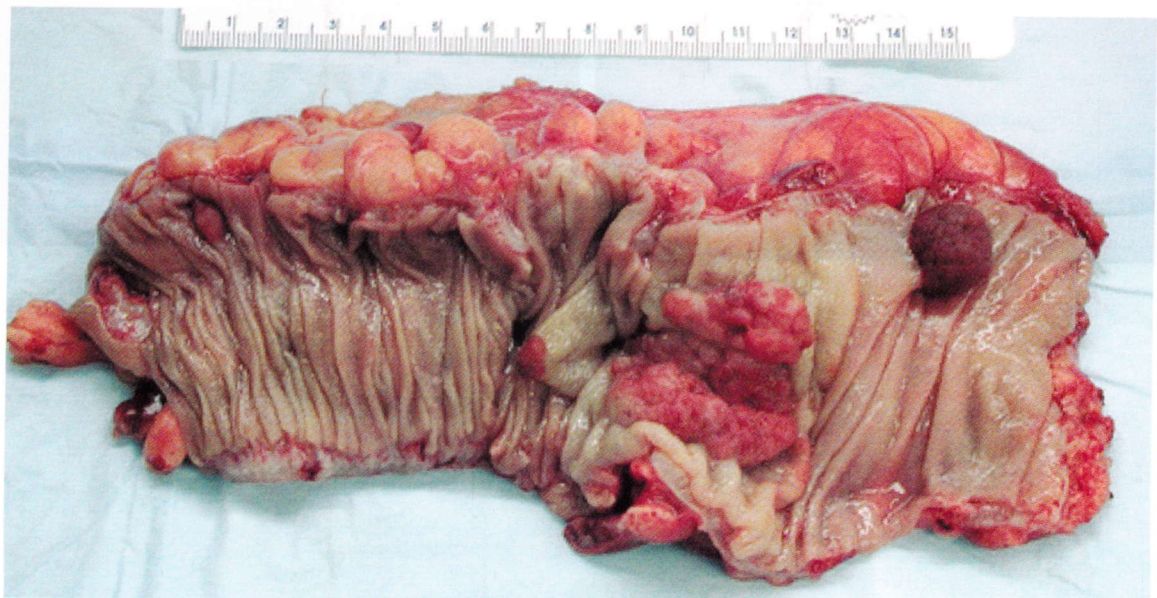
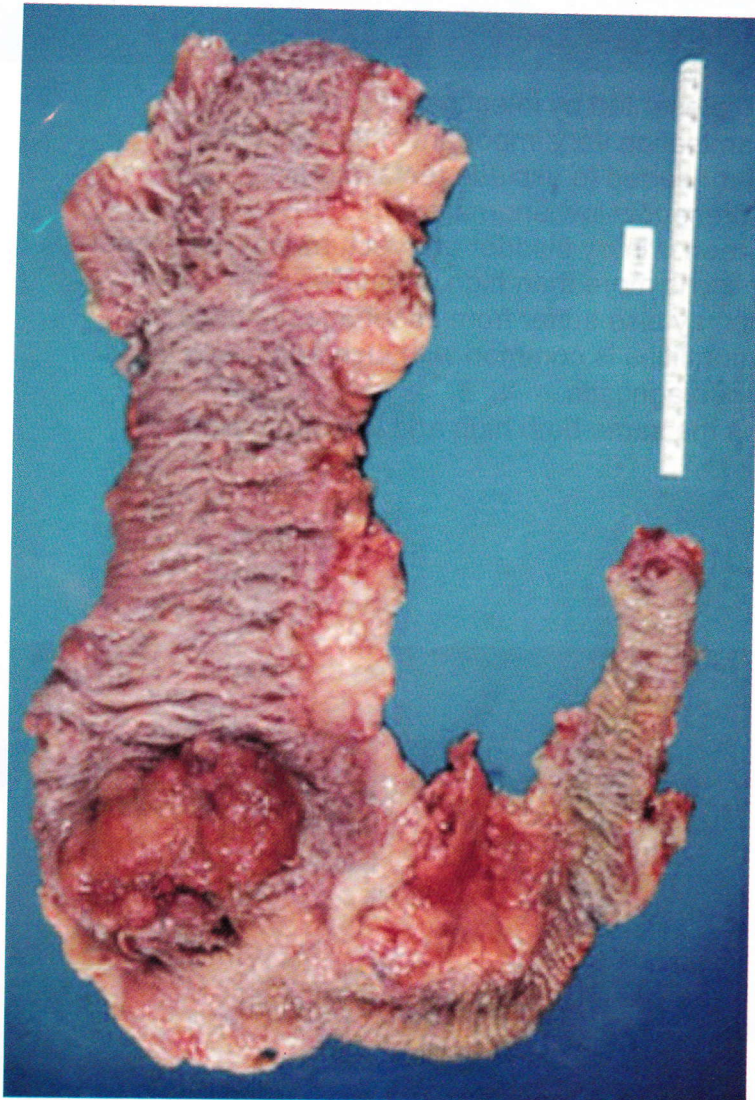




Cancer Colon

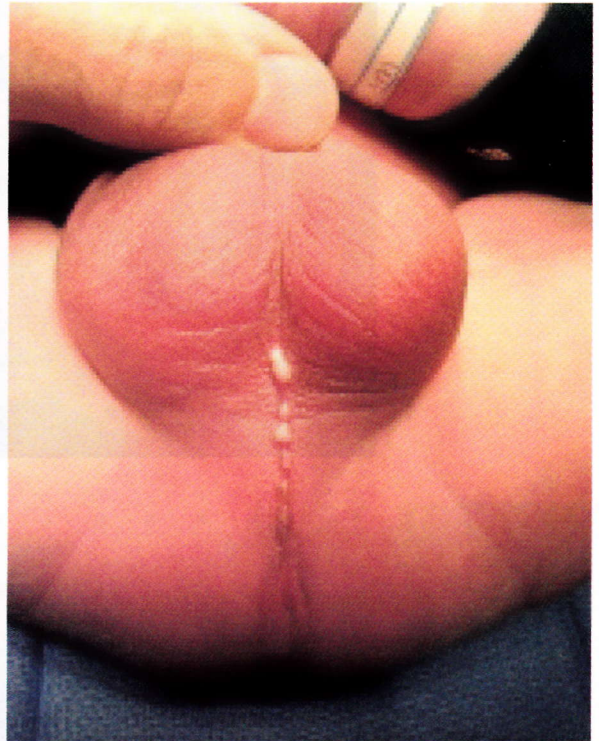
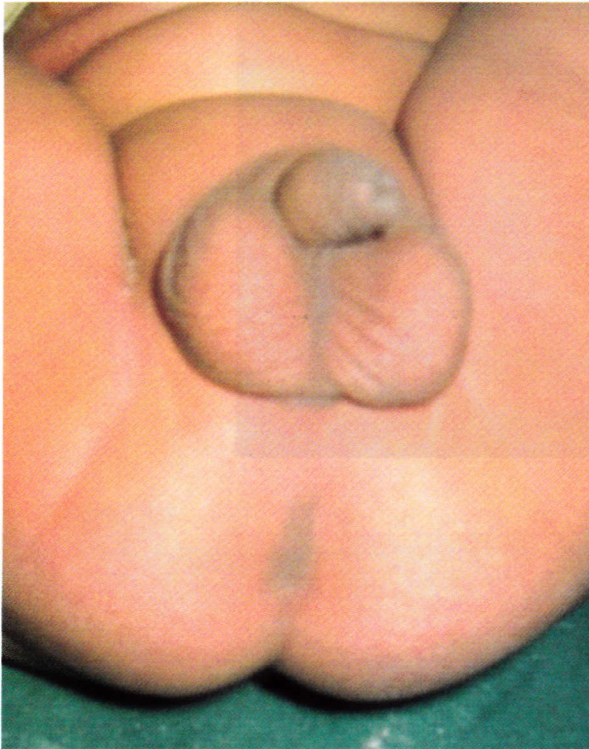
1. This is a picture of malignant ulcer
2. Constipation is a predisposing factor
3. This pathology may occur on top of familial polyposis coli
4. Commonly affect the cecum
5. Liver metastasis rarely occur in that pathology
6. Intestinal obstruction is a possible complication especially on the RT colon
7. Can cause bleeding per rectum
8. On the rt colonic affection dyspepsia is the commonest presentation
9. On the left colonic affection constipation is the commonest presentation
10. Sigmoidoscopy is best method for screening
11. Barium enema show characteristic appearance
12. Carino-embryonic antigen may used for follow up
13. Operable cases treated by radical resection
14. Inoperable cases treated by palliative radiotherapy

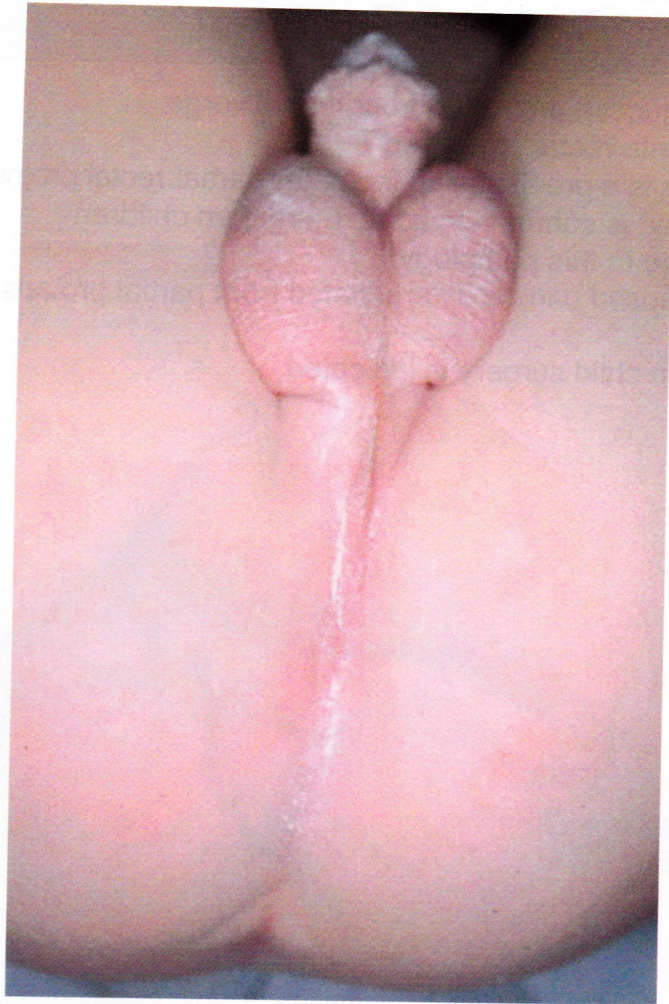




Imperforate Anus

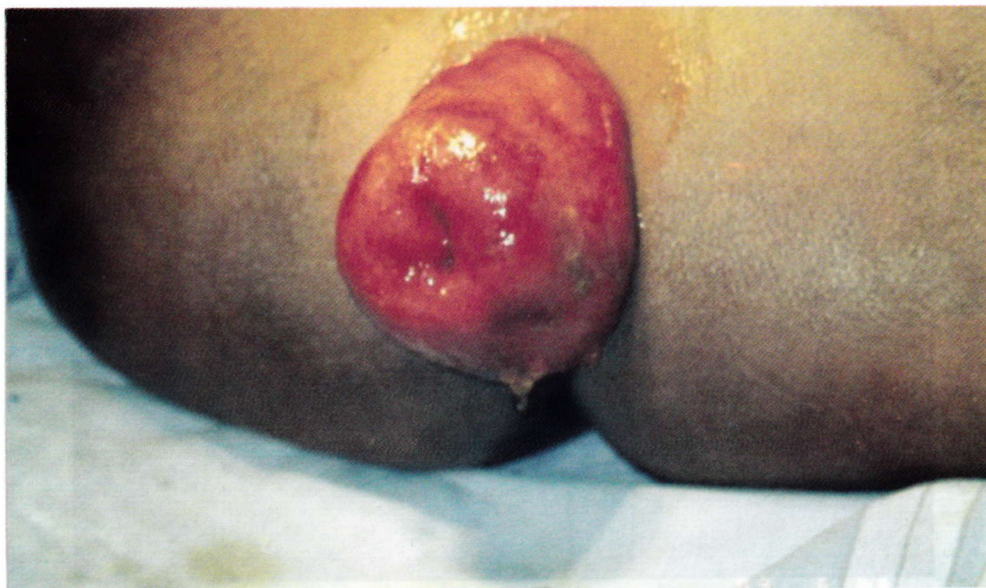
1. This patient presented by intestinal obstruction
2. General examination very important in this patient
3. Thermometer needed to exclude rectal atresia
4. Anal canal present in low anomalies
5. Fistula between urinary bladder and rectum may be present
6. Low anomalies is more than high anomalies
7. This patient may also suffer from esophageal atresia
8. Urinary abnormalities is common with high anomalies
9. Plain X-ray is diagnostic
10. Treatment is the same both high and low anomalies

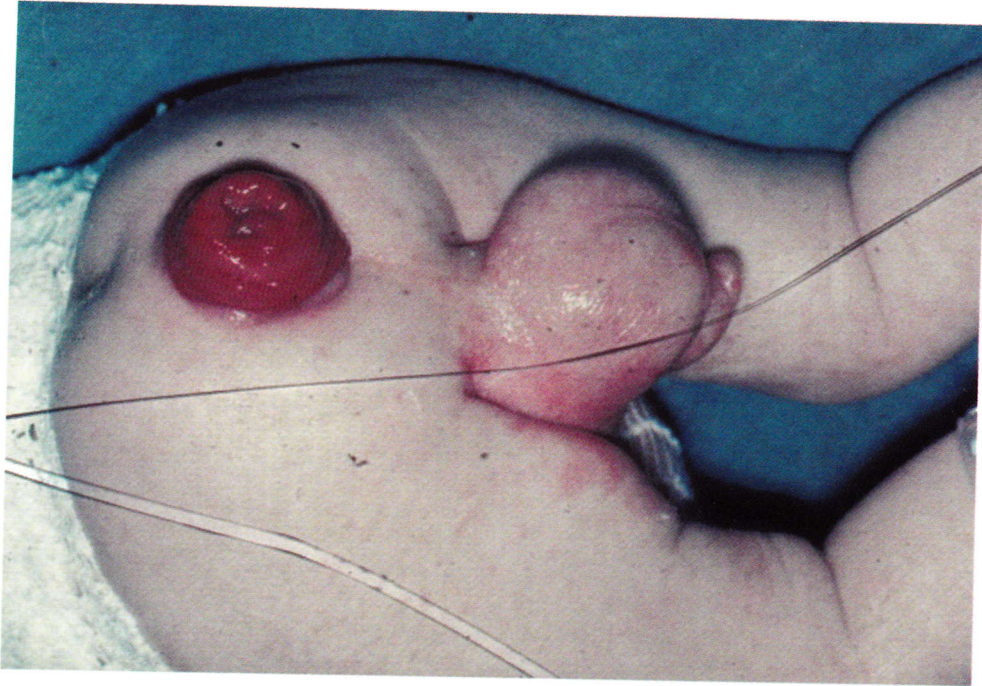




Rectal Prolapse

1. There is anal mucosa protrude through anal verge
2. This is a complete rectal prolapsed
3. Bilharzial colitis is a predisposing factor for partial rectal prolapse
4. Partial prolapsed is common in adult more than children
5. Piles predispose to this pathology
6. Complete prolapsed can be differentiated from partial prolapse by the length of mucosa
7. Once present in child surgery is indicated



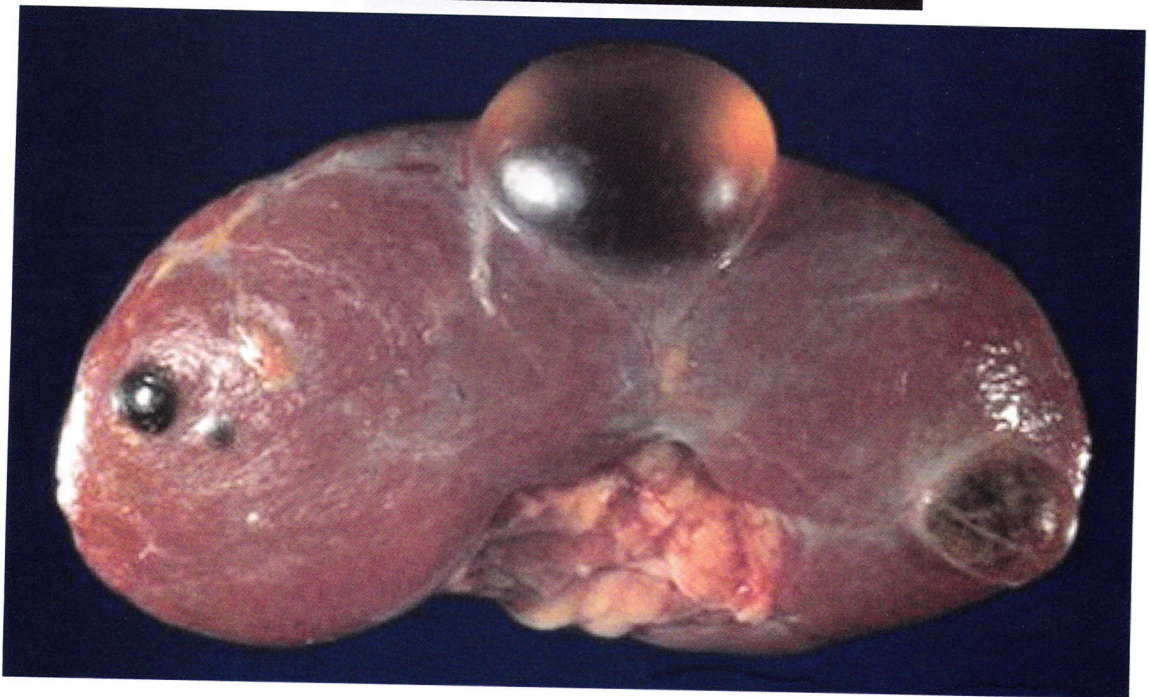
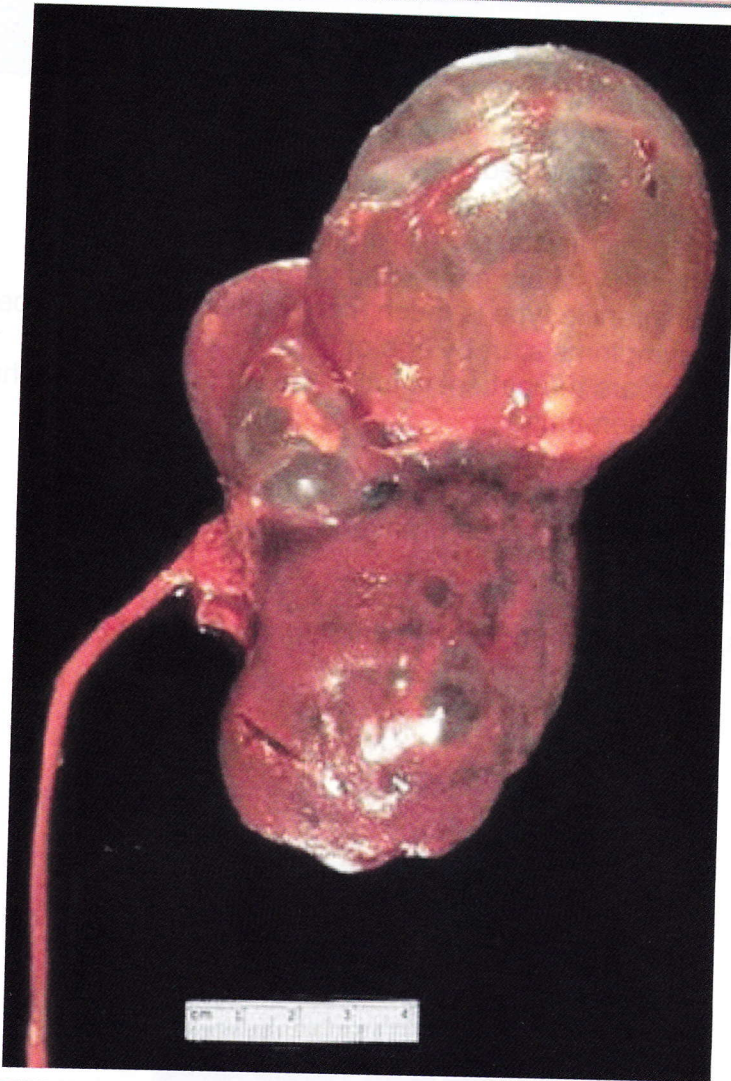


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Urosurgery Jars

Simple (Solitary) Renal Cyst

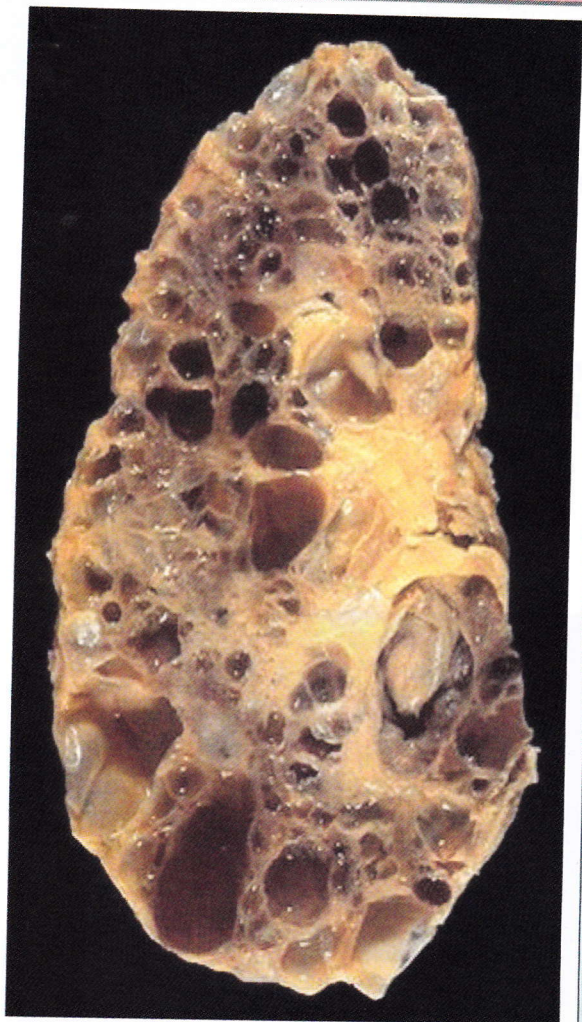
1. This cyst may or may not be connected to renal pelvis according to its etiology
2. This cyst may show hydrocalycosis
3. This cyst may cause hydronephrosis if ureteric compression occurs
4. Renal tissue surrounding this cyst is not compressed
5. Commonly asymptomatic
6. US is less helpful than renal angiography
7. This cyst contains teeth, bone, hair
8. IVP differentiates this cyst from a neoplastic renal mass
9. This cyst may cause hydronephrosis
10. Treatment is essentially surgical by total nephrectomy



Polycystic Kidney

1. This is a shrunken kidney with multiple cysts
2. Renal parenchyma is atrophied
3. This is acquired bilateral cystic disease
4. May be associated with cysts in other organs
5. In most cases these cysts are connected to renal pelvis
6. The prognosis of infantile type is much more better than adult type
7. In adult type the symptoms start by age of 5
8. By the age of 10 years the patient is totally free with normal renal histology
9. Main symptom is haematuria
10. Renal failure start by the age of 30
11. Patient may be presented with HTN resistant to treatment
12. Hypernephroma is a possible differential diagnosis
13. IVP the investigation of choice
14. Aspiration of the large cyst that compress the ureter may occur
15. Treatment is essentially surgical by total nephrectomy

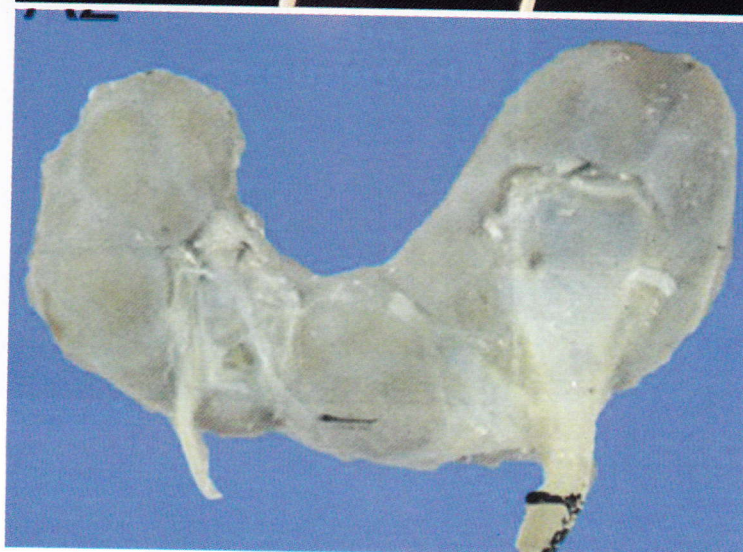
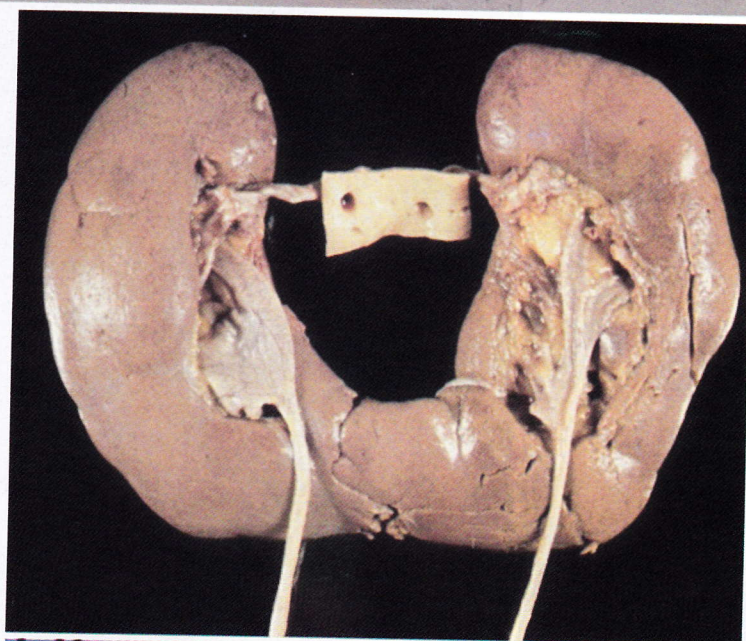
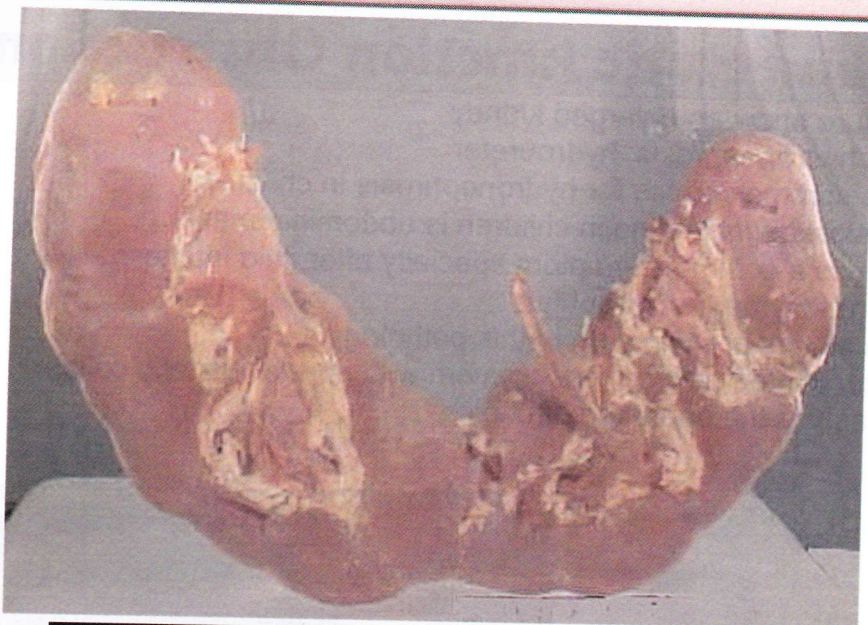




Horse-Shoe Kidney

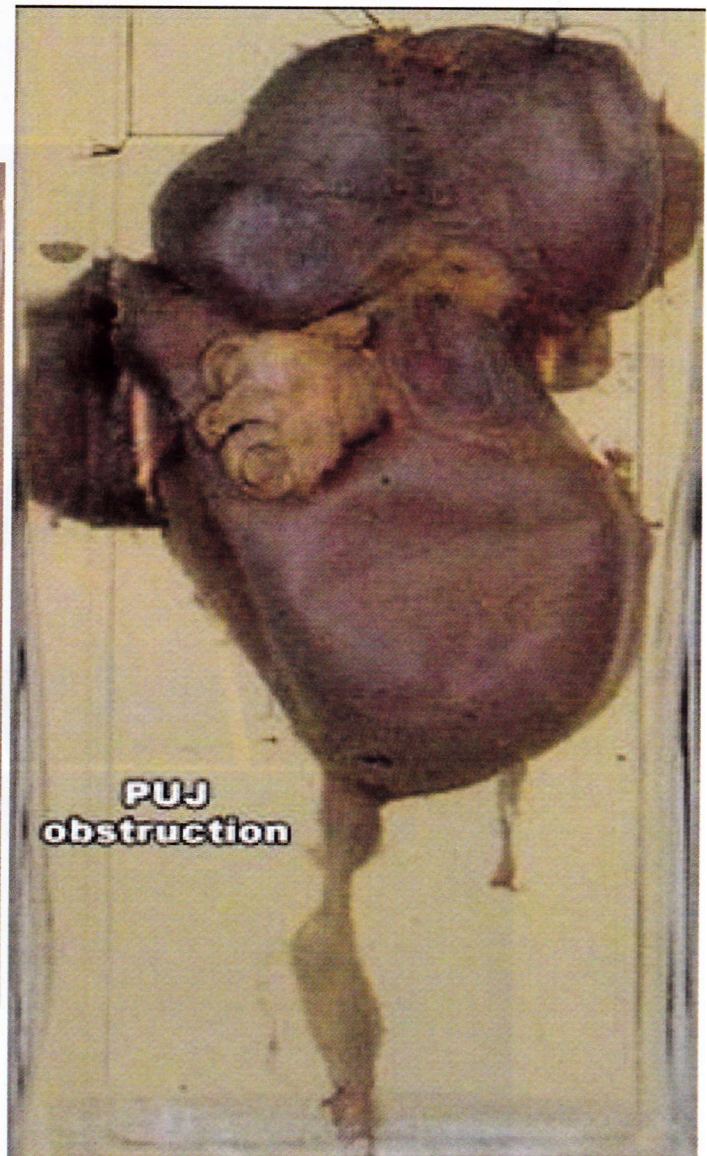
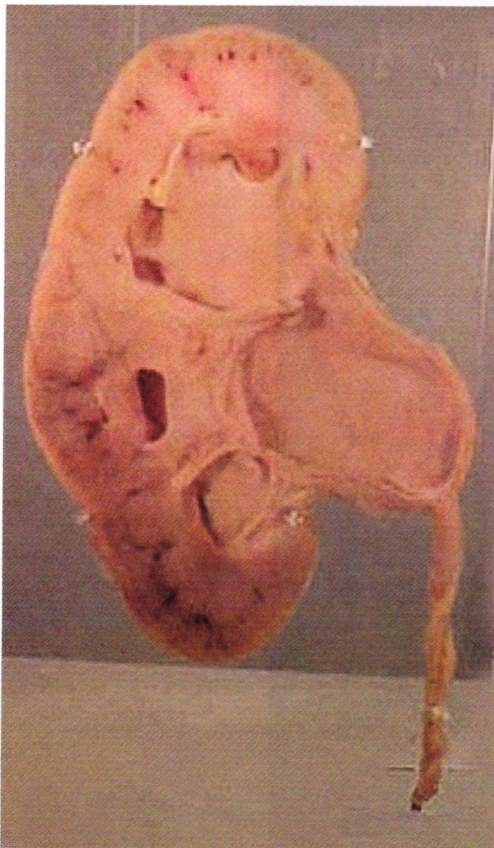
1. Fusion of upper pole is more than lower pole
2. The renal pelvis directed backward and medially
3. The artery on the isthmus is superior mesenteric artery
4. About 1/3 of cases are asymptomatic
5. Stones and infection rarely occur
6. IVP is diagnostic
7. In IVP the upper poles are nearer to midline than lower poles
8. Treatment is by dividing the isthmus as a must once the diagnosis is stabilized





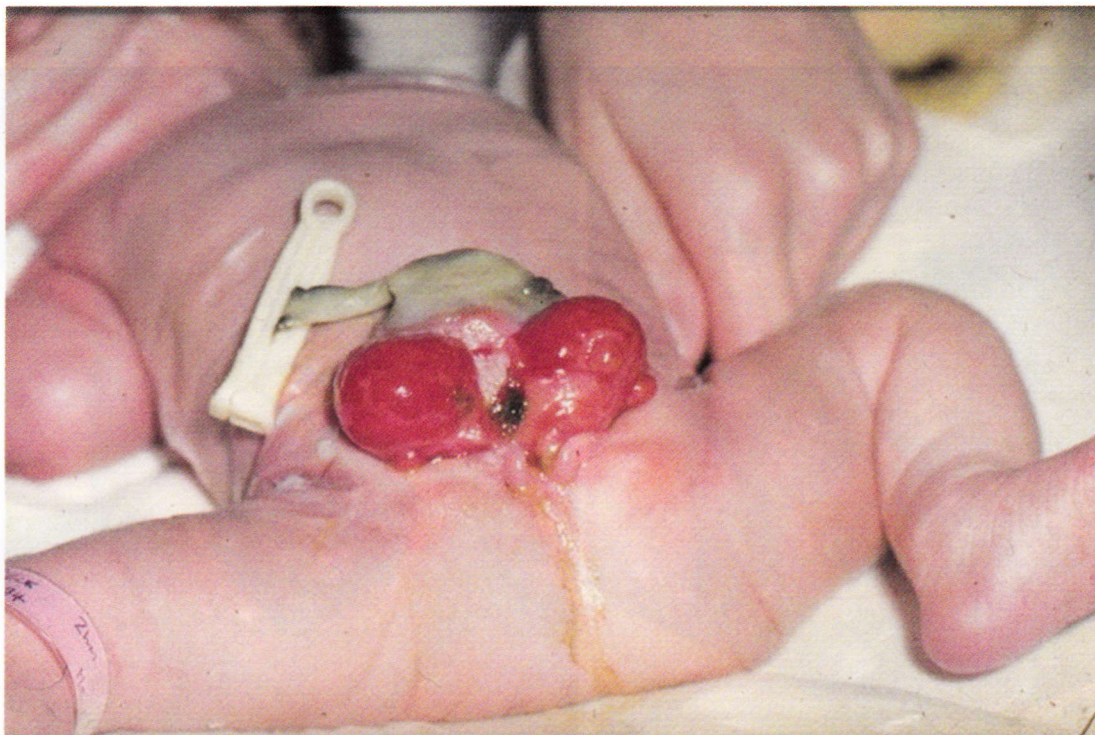
Pelviureteric Junction Obstruction

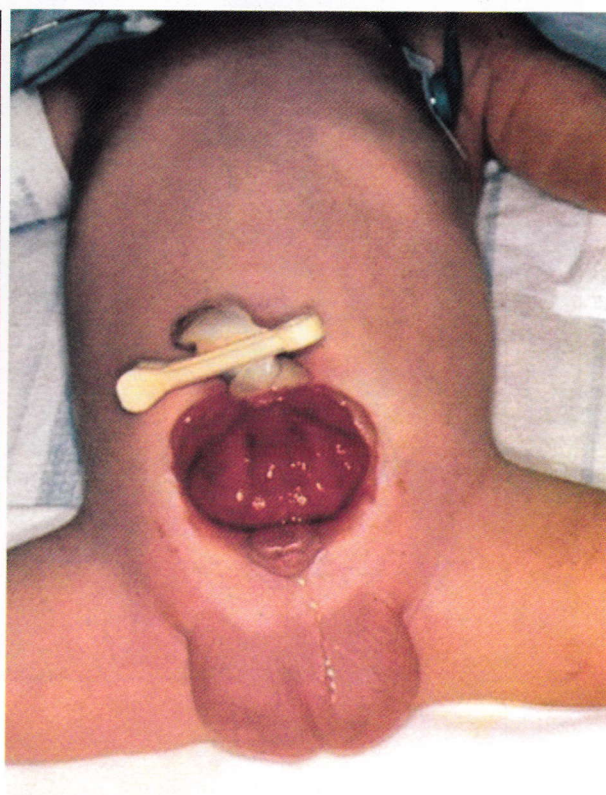
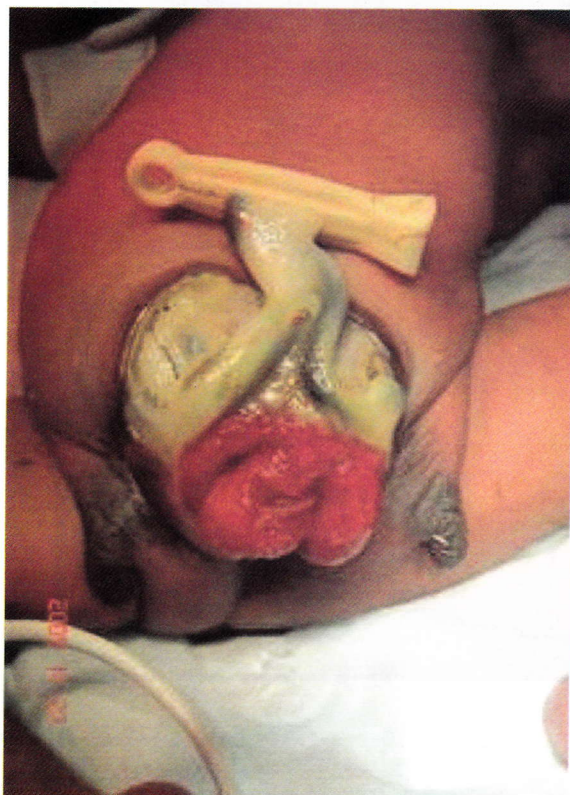
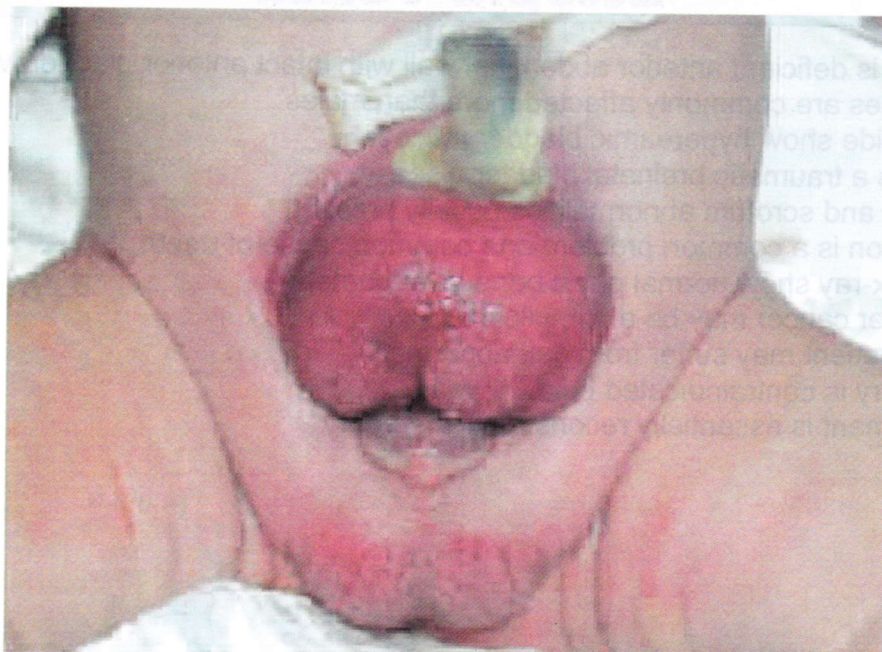
1. This picture show an enlarged kidney
2. There is hydronephrosis ,hydroureter
3. This is a common cause for hydronephrosis in children
4. The most frequent finding in children is abdominal mass
5. Loin pain is a common symptom specially after fluid intake
6. Renal prenychyma not atrophied
7. Ureteris stones are common in this pathology
8. IVU show dilated pelvicalyceal system with normal ureteric caliber
9. Pyeloplasty is the operation of choice



Ectopia Vesica

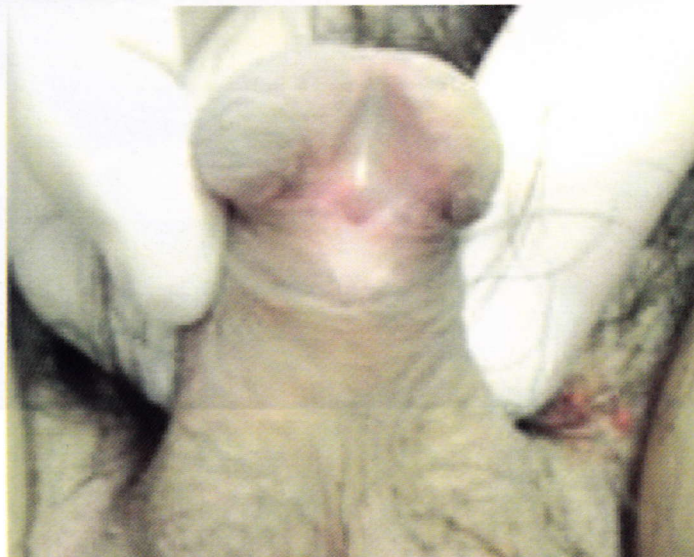
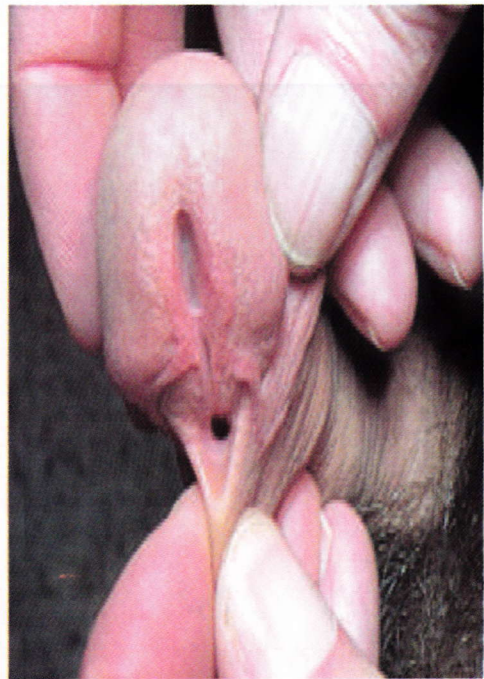
1. There is deficient anterior abdominal wall with intact anterior bladder wall
2. Females are commonly affected more than males
3. The slide show hypereamic bladder mucosa
4. This is a traumatic preinatal bladder disease
5. Pelvis and scrotum abnormalities usually present
6. Infection is a common problem and common cause of death
7. Plain x-ray show normal prlvic bone arrangement
8. Bladder cancer may be a complication
9. This patient may suffer from gait abnormality
10. Surgery is contraindicated below 1 year
11. Treatment is essentially reconstructive surgery





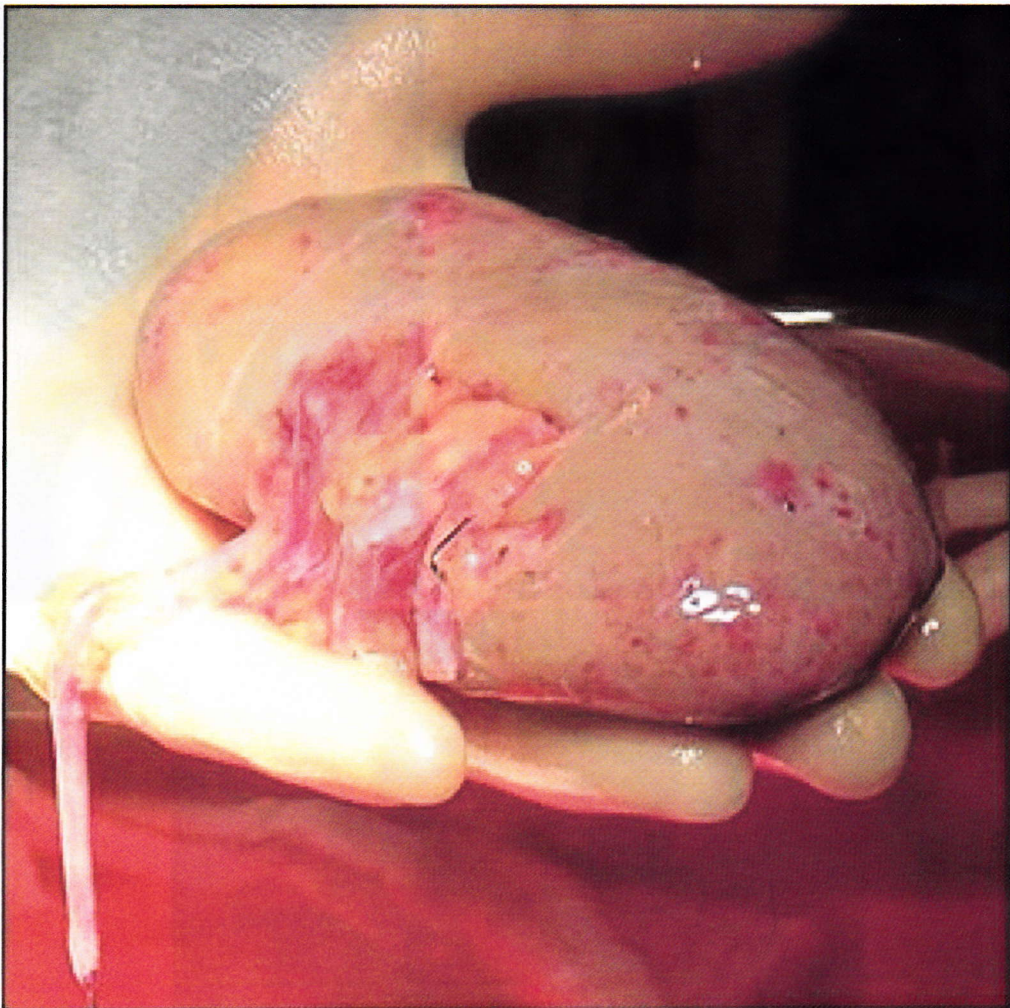
Hypospadias

1. This is a epispadias
2. Urethral meatus opens on the dorsal surface of the penis
3. This is glandular type
4. This is the 2nd most common urethral anomalies after epispadias
5. There is abnormal prepuce on dorsal aspect
6. If this problem not ttt may cause erectile dysfunction in adult life
7. It may be associated with other urological congenital anomalies
8. Circumcision must done as early s possible to avoid infection of prepuce before operation
9. If there is bilateral undescended testis karyotyping must done
10. Surgery must done before age of 2 months
11. Treatment is essentially reconstructive surgery



Renal Injuries

1. The main presentation is haematuria
2. Massive haematuria denote massive injury
3. Subcapsular hematoma is the most common pathology
4. This patient may presented by hypotension
5. Abdominal examination reveal peritonitis like picture
6. When rupture is retroperitoneal shock is very severe
7. Polyuria is possible early complication due to urine extravasation
8. Immediate laprotomy should be done
9. Angiography is the investigation of choice
10. IVP must be done once shock is treated
11. You must exclude other injuries in such patient
12. Treatment in most cases is surgical intervention

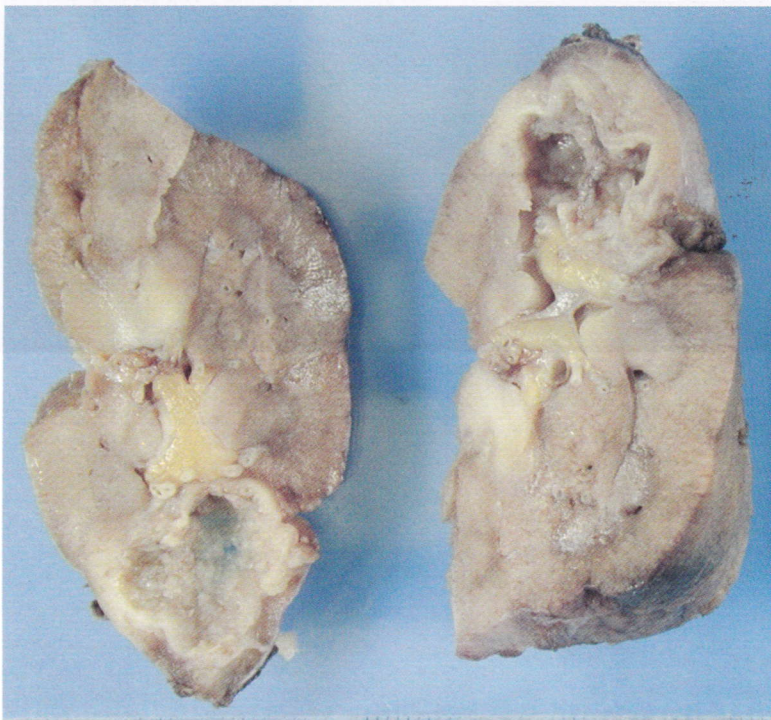
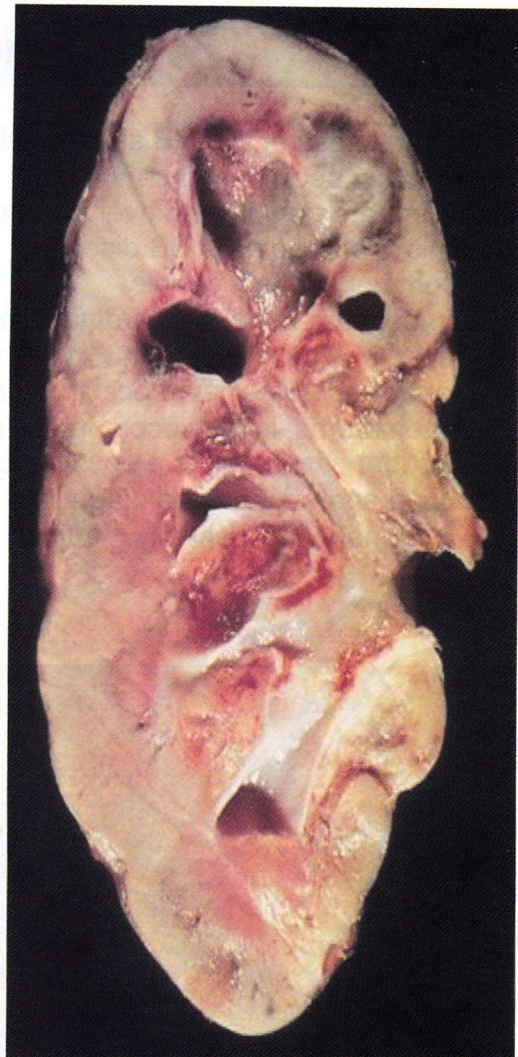




Renal T.B.

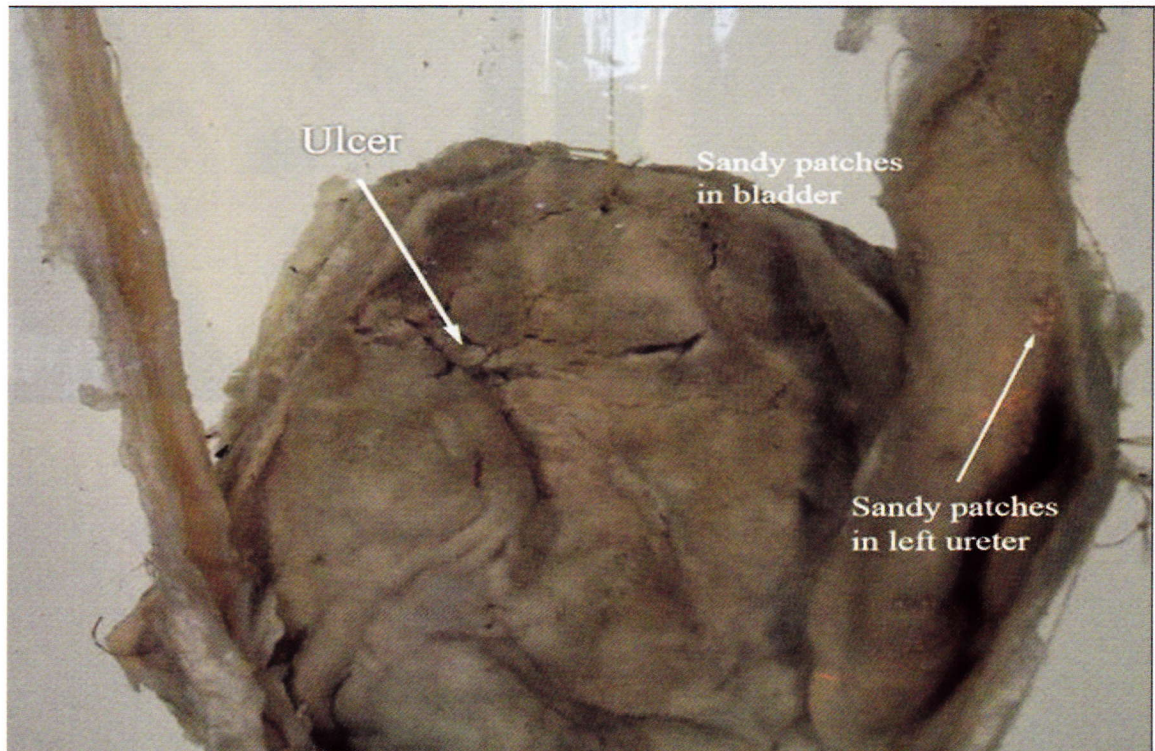
1. This is picture of an enlarged kidney.
2. Renal parenchyma show fibrosis and calcification
3. This cut section show multiple white hard stone
4. TB bacilli reach kidney mainly transcelomic
5. This lesion particularly affect renal tissue sparing ureter ,UB
6. This patient may have extrarenal manifestation
7. Frequency is a late symptom on advanced cases
8. Loin pain is the main symptom
9. CBC of this patient may show leucopenia ,anemia,elevated ESR
- 10.This patient may have genital problems
- 11.Urine culture show more than 100 gram –ve bacilli /HPF
- 12.Treatment is essentially surgical with no role of drugs





Bilharziasis of U.B.

1. The mucosa of this UB show calcification
2. No ulcer seen over the mucosa
3. There are polypi seen over the mucosa
4. This is a neoplastic UB disease
5. Commonly affect female
6. Total haematuria is a cardinal symptom in this pathology
7. Liver may be enlarged in this pathology
8. Hydronephrosis never occur as ureter never affected
9. Haematemesis may occur in this patient
10. Bladder carcinoma is a possible complication
11. Urine analysis may be diagnostic
12. Treatment is essentially medical



Urinary Stones

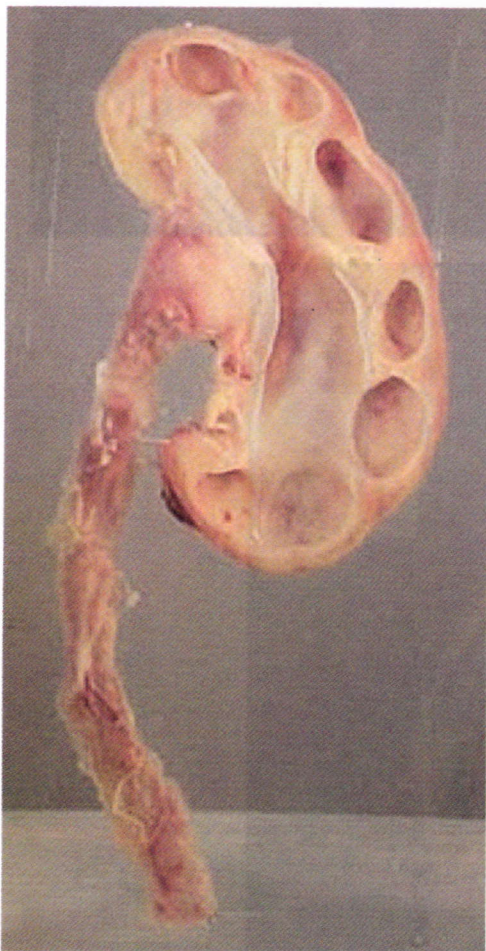
1. There is hydronephrosis
2. This stone occupies the distal renal calyces
3. Ca stone is the most common type
4. Infection may be a predisposing factor
5. Cystic stones usually predispose to hematuria
6. Females more affected than males
7. Pain is a cardinal but late symptom
8. This particular patient was suffering from groin colicky pain
9. Hematuria in this pathology is mainly painless
10. Malignancy is a possible complication
11. Most of stones are radiolucent so US is a must
12. Surgery is the ttt of choice regardless to stone size
13. Acute obstructive attack mainly treated by immediate surgical intervention

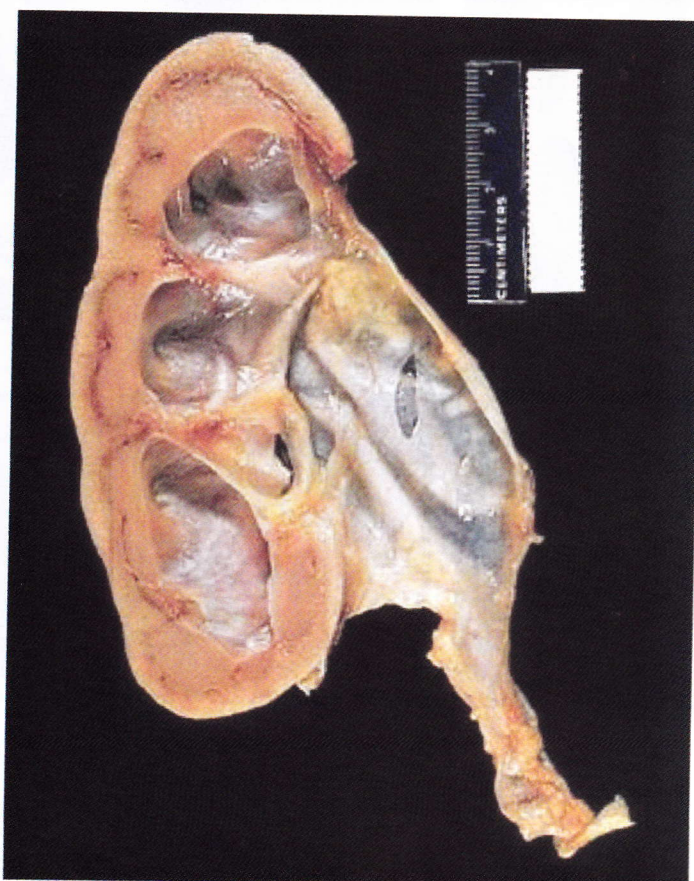
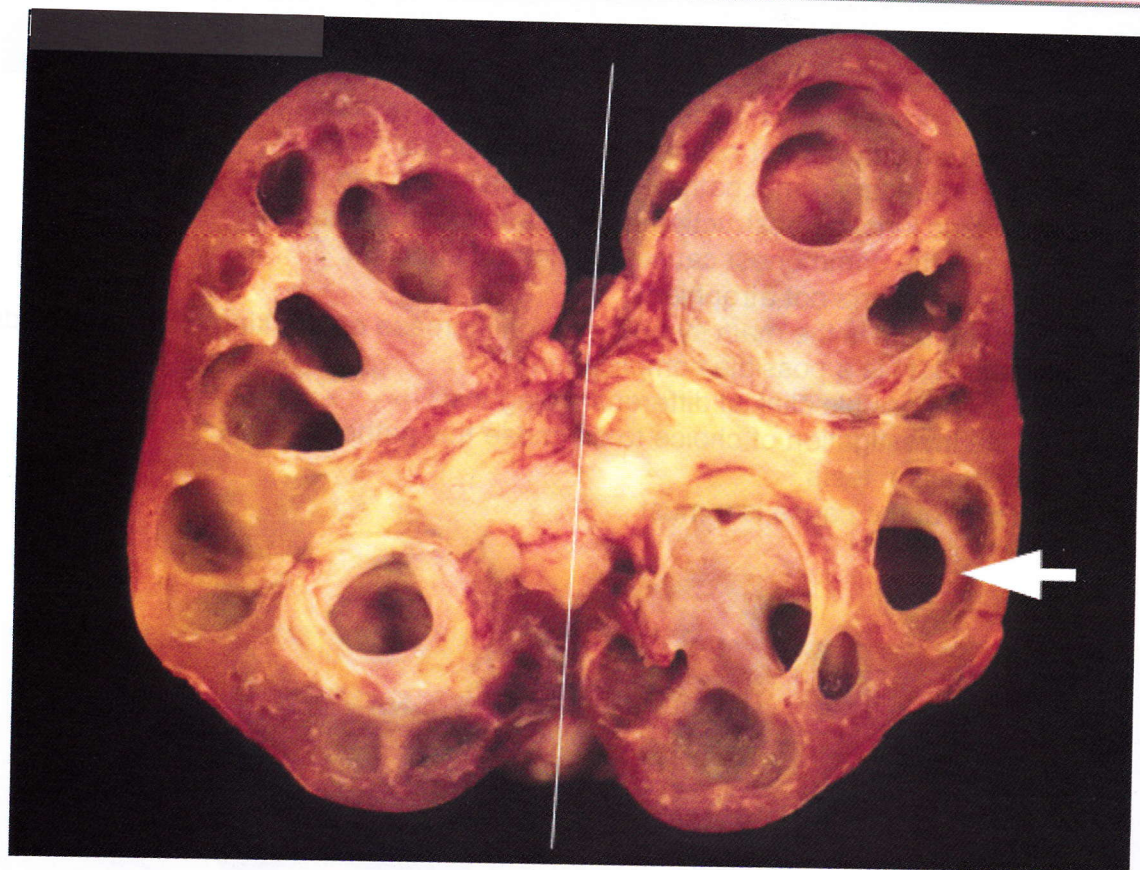




Hydronephrosis & Hydroureter

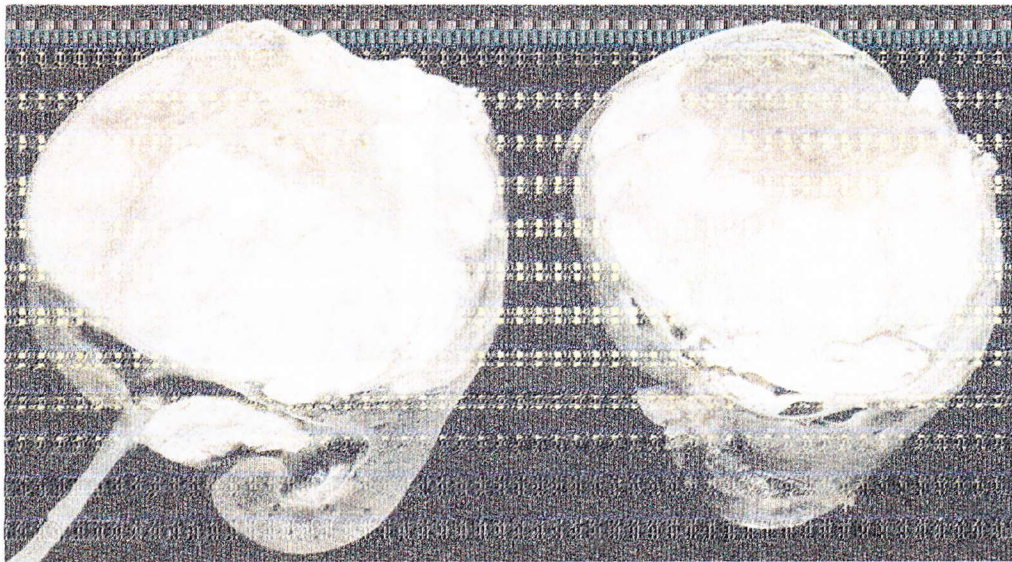
1. There is hydronephrosis, hydroureter
2. These dilated calyces not connected to renal pelvis
3. This is a hereditary renal pathology essentially occur in males
4. Pelviureteric junction obstruction is the cause in this case
5. Stones are the commonest cause for bilateral affection
6. Renal parenchyma not atrophied
7. Dull aching pain is the main symptom which increase on drinking excessive fluids
8. Resistant HTN is a possible complication
9. R.C.C is a possible clinical differential diagnosis
10. US is the investigation of choice to diagnose this pathology
11. Kidney function tests
12. Treatment of the cause is a must

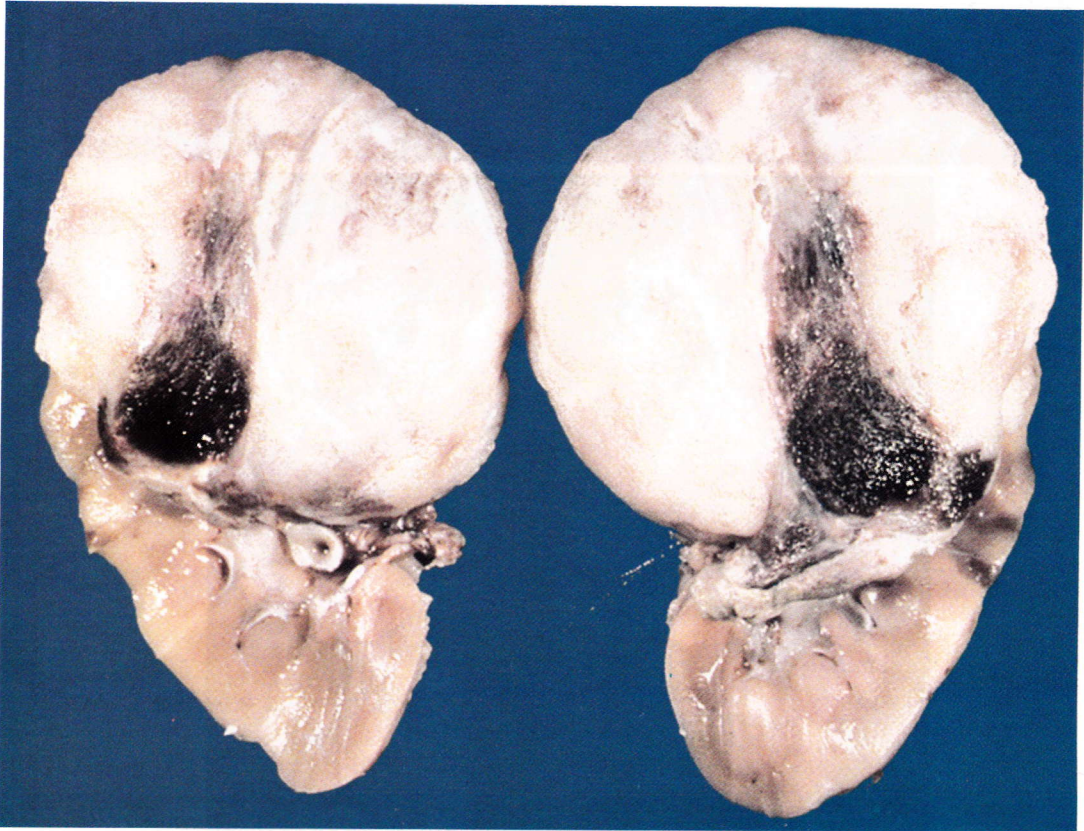
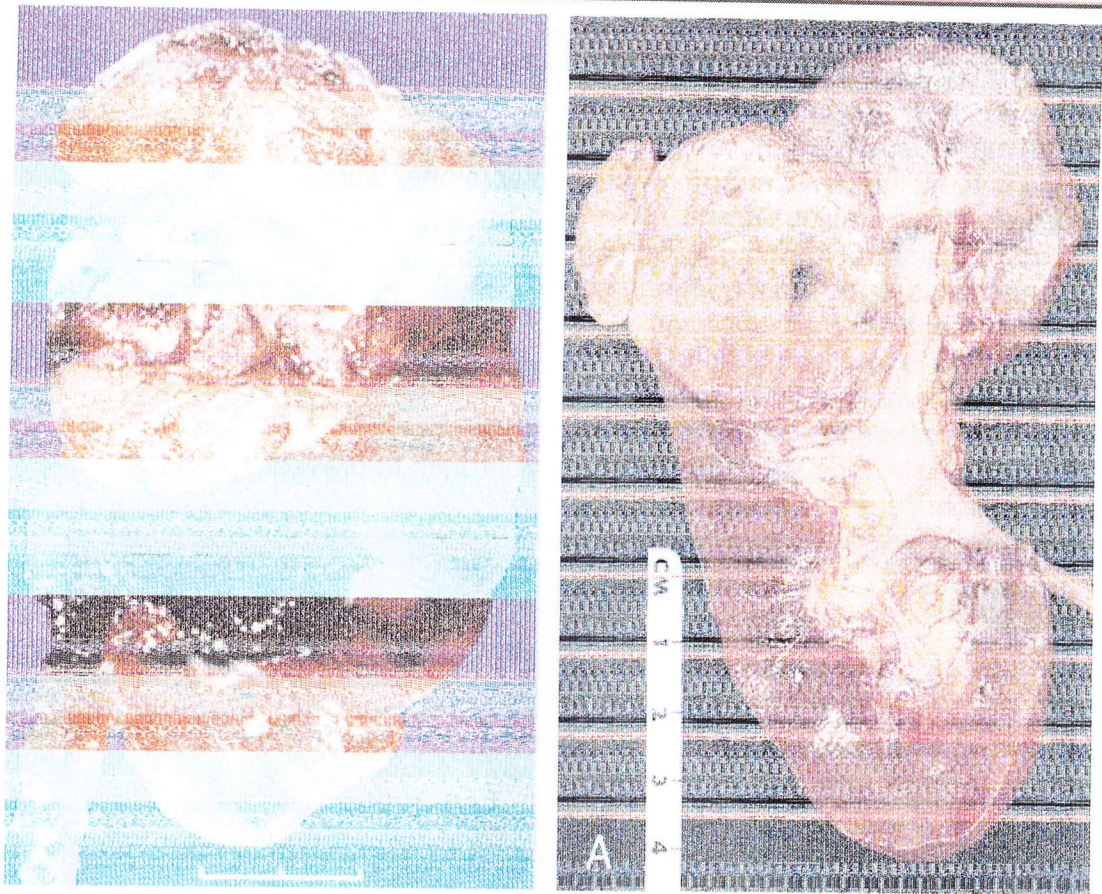




Renal Cell Carcinoma

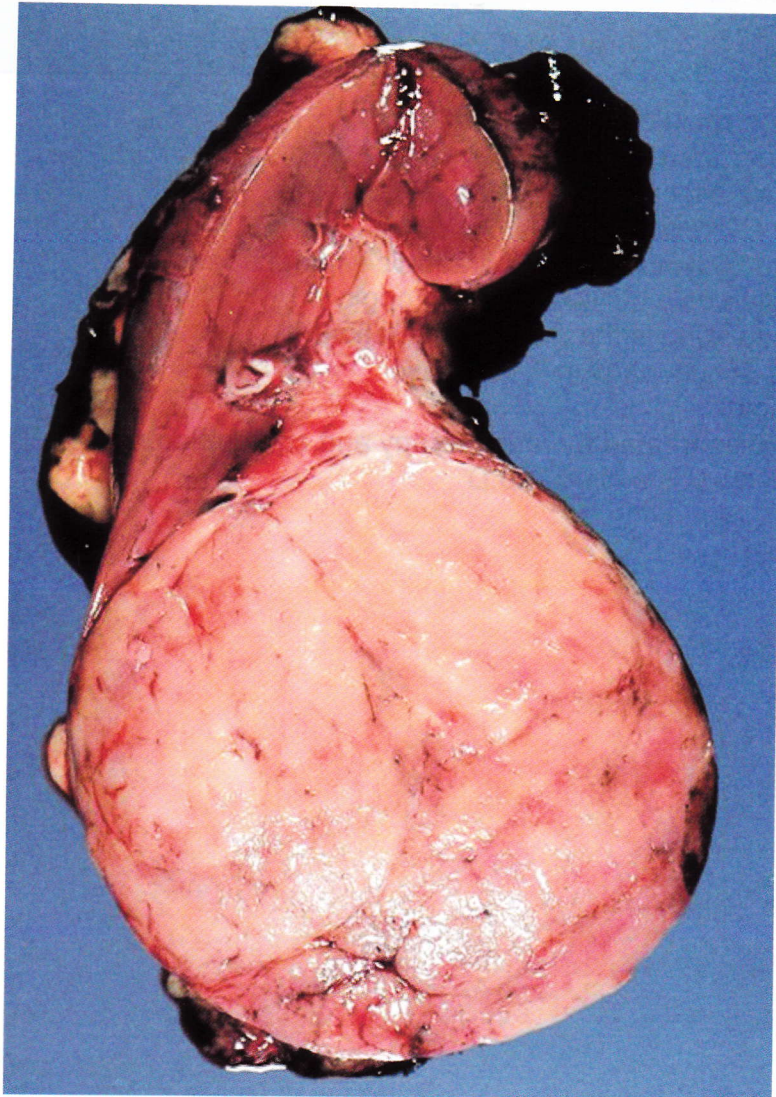
1. There is a necrotic mass
2. This mass usually adenocarcinoma
3. This is the 2nd most common renal neoplasm after wilm's
4. Usually affect male children
5. Usually unilateral from the lower pole
6. Renal pelvis is the most common site of origin
7. Hematuria is the main symptom
8. Hematuria is total,painless,scanty
9. CT is the investigation of choice
10. Operable cases treated by radical nephrectomy
11. Nephrectomy done via extrapretioneal approach to prevent spread
12. Inoperable cases treated by radiotherapy





Wilm's Tumor

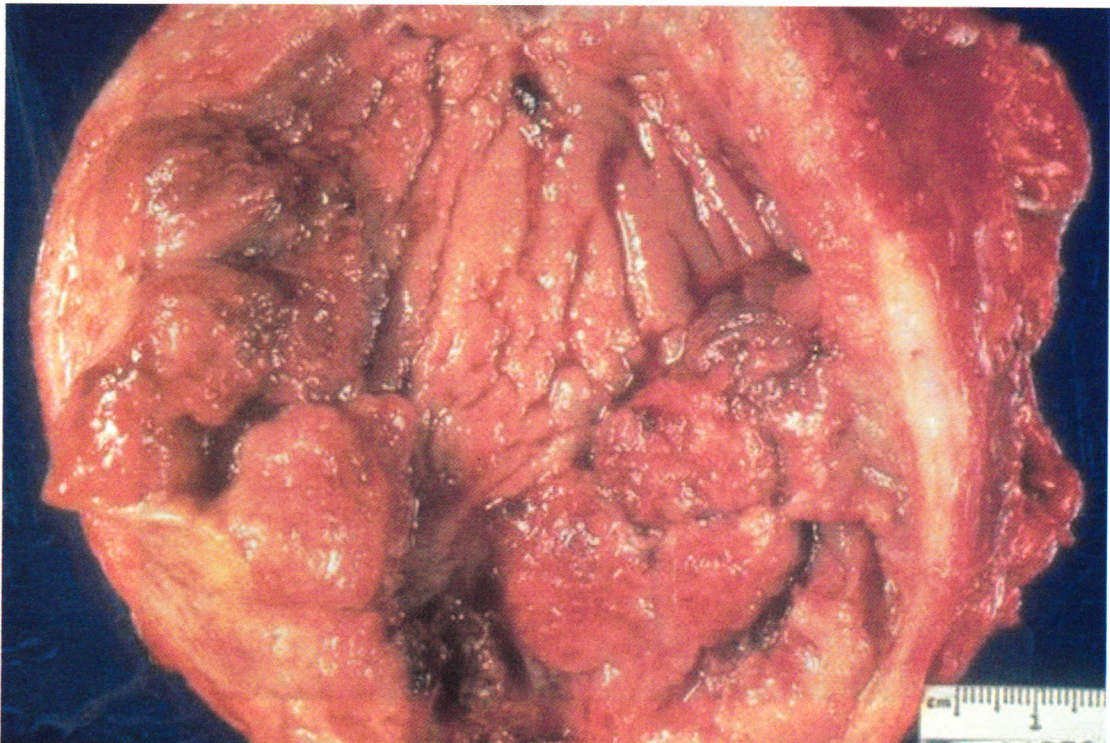
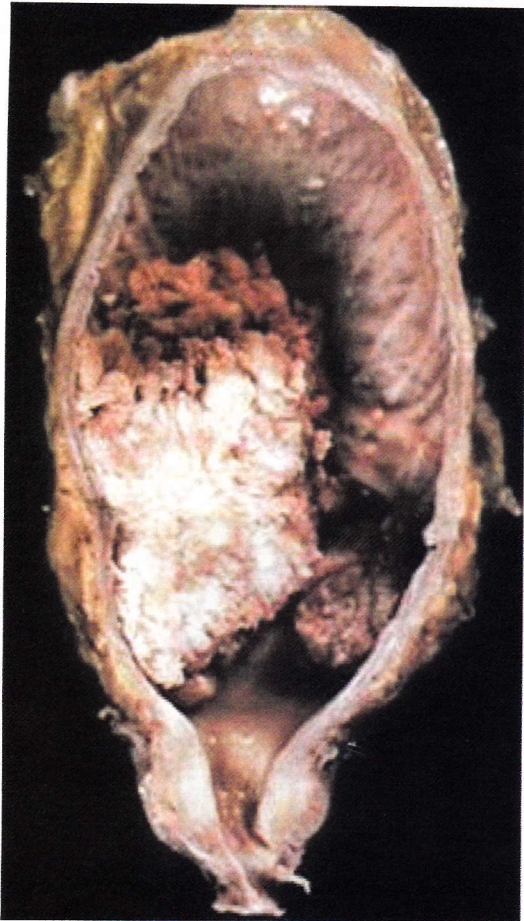
1. There is huge renal cyst with bluish color
2. There is upper ureteric invasion
3. It is a locally malignant renal mass
4. Comm only affect old males
5. Early spread by lymphatics to paraaortic lymph nodes
6. May presented only by fever unkown origin
7. Abdominal swelling is the main presentation
8. Heamaturia occurs early in the disease
9. CT is diagnostic
10. Operable cases treated by radiotherapy and chemotherapy
11. Polycystic kidney is a clinical D.D



Carcinoma of the Urinary Bladder

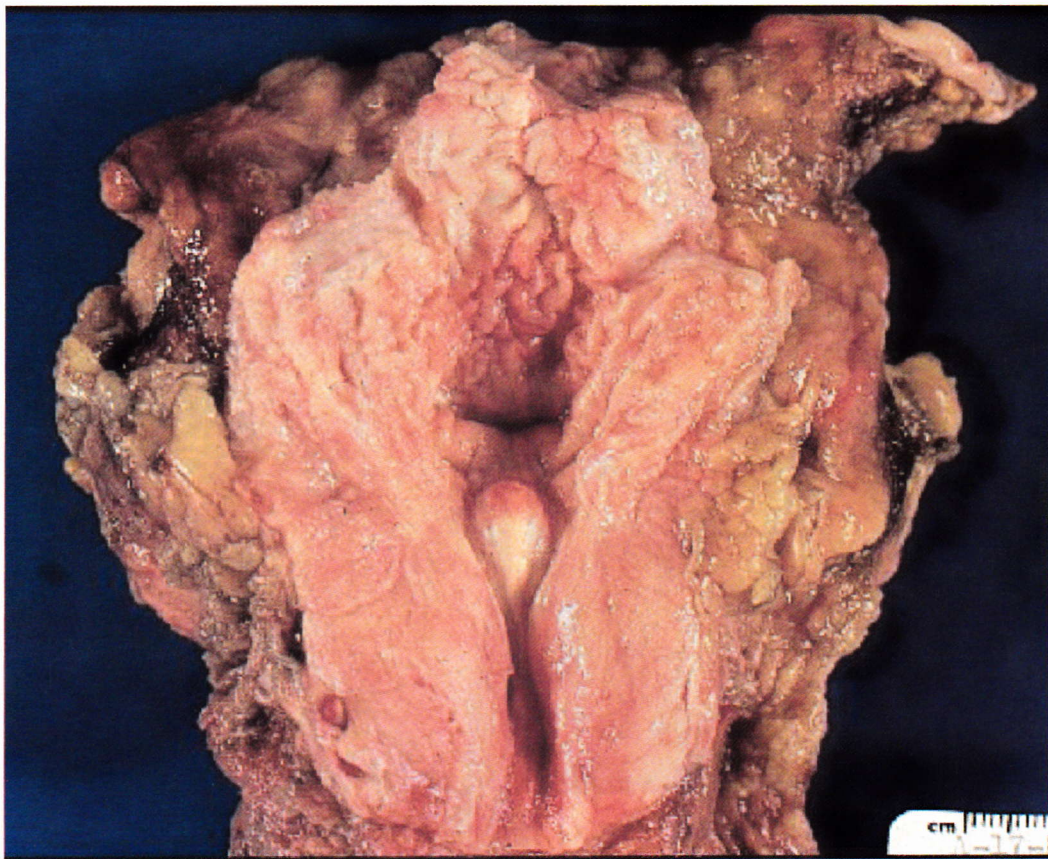
1. There is a bladder trigonal diverticulum
2. The mass inside shows smooth surface
3. This is a locally malignant bladder mass
4. It is mainly squamous cell carcinoma
5. Mainly affect males
6. Bilharziasis is a predisposing factor
7. Post bilharzial carcinoma spread early by lymphatics
8. Painless terminal haematuria is a cardinal symptoms
9. Repeated attacks of lower U.T.I may be the only symptom
10. Cystourethroscopy and biopsy is the investigation of choice
11. Treatment is mainly radiotherapy

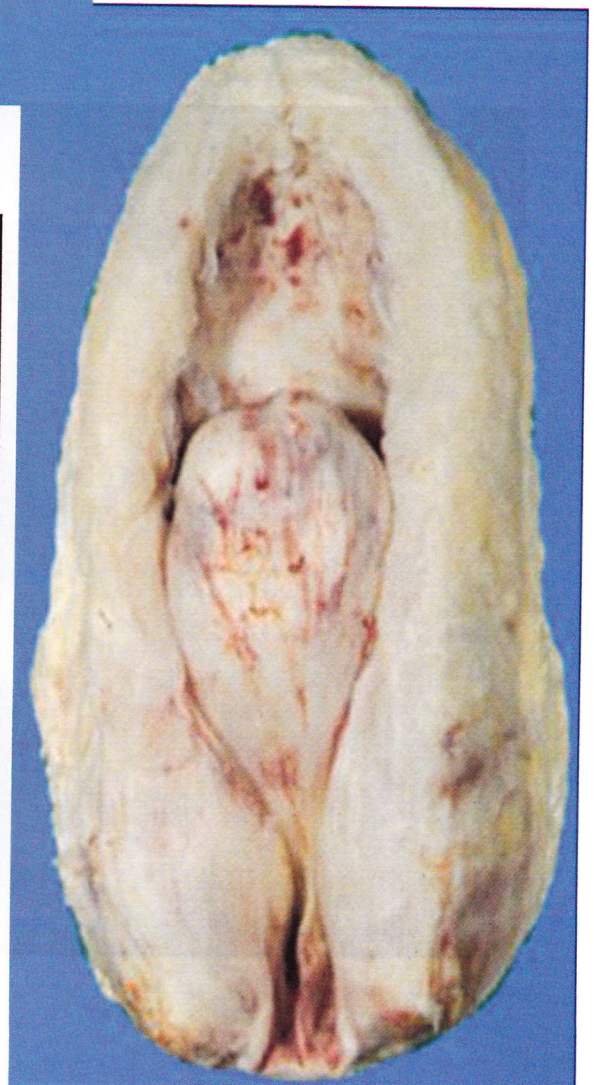




Benign Prostatic Hyperplasia

1. There is a malignant mass in the urinary bladder trigon
2. The bladder is dilated and show trabeculations
3. The bladder neck is narrowed by a prostatic mass
4. This is a picture of benign prostatic hyperplasia
5. This lesion is precancerous above the age of 60
6. Pelvic pain is the usual 1st presentation
7. Frequency of micturation occurs late
8. By DRE the rectal mucosa is mobile on prostate
9. The urethra is elongated and at higher position
10. Urine retention may be the 1st presentation
11. Abdominal US is the investigation of choice
12. Alkaline phosphatase is a marker for this pathology
13. Bilateral hydronephrosis is a possible complication
14. Treatment is mainly surgical
15. Asymptomatic cases treated by 5 alpha reductase inhibitor





Plastic Jars

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Rodent Ulcer

1. A picture of malignant melanoma
2. There is an ulcer having an undermined edge
3. The base of this ulcer is necrotic
4. This is a malignant ulcer
5. Usually affect old female
6. Radiation is the most important predisposing factor
7. Face is the commonest site for this ulcer
8. Angle of the mandible is the commonest point in the face
9. Clinically lymph nodes which affected are enlarged, fixed, hard
10. It has a characterized microscopic appearance
11. Spread mainly by blood
12. Biopsy is mandatory
13. Treatment is only surgical as this tumor is very radioresistant
14. At least 3 cm needed as a safety margin
15. Recently it may be treated by topical cytotoxic therapy





Squamous Cell Carcinoma

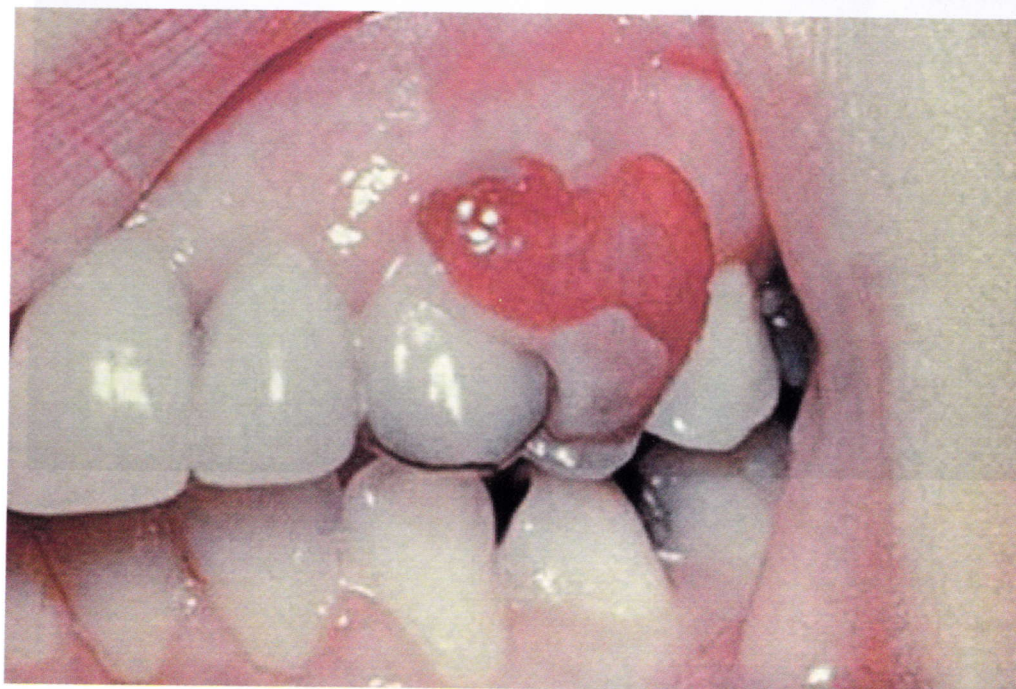
1. This is a malignant ulcer with necrotic floor
2. The edge is raised everted
3. Originating from underlying muscles or bones
4. Exposure to sun rays is a predisposing factor
5. May occur on top of old burn scar
6. This is a locally malignant neoplasm not spread by blood
7. Lymph nodes are not enlarged but tender
8. Usually affect adult males
9. Biopsy is not needed for diagnosis
10. Treatment surgically with 2cm safety margin
11. Ulcer reaching bone best treated by radiotherapy





Epulis

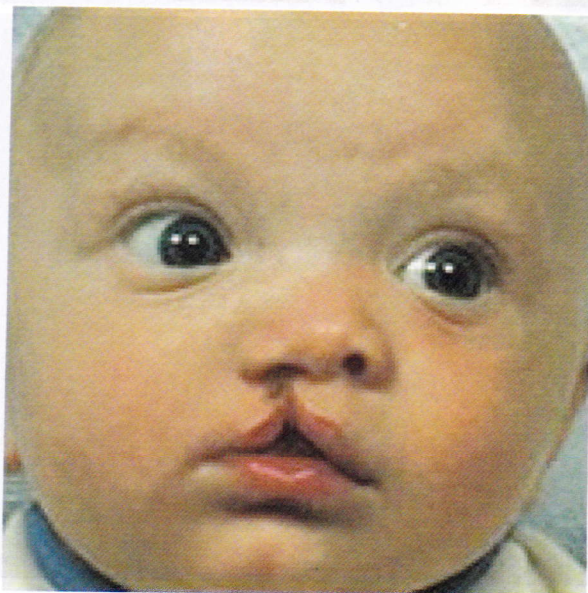
1. There is a small redish white originating from the tongue
2. This is the epulis of the mouth
3. Sarcomatous type is the most common thpe
4. Painless firm swelling is the usual presentation
5. Granulomatoustype is a neoplasmaoriginating from gum around carniuous tooth
6. This mass shows ulcers,hge,necrosis
7. Carcinomatous type is a bas al cell carcinoma treated by commando operation



Cleft Lip

1. A picture of traumatic facial disease
2. There is upper lip defect not reach nose
3. This disease commonly occur bilateral in lower lip
4. Main presentation are disfigurement and poor suckling
5. Rarely associated with anomalies
6. May be diagnosed before birth by US
7. Treatment is essentially surgical
8. Best time for operation in age of 12 month
9. It may be associated with cleft palate
10. When cleft palate present with cleft lip corrected firstly before cleft lip

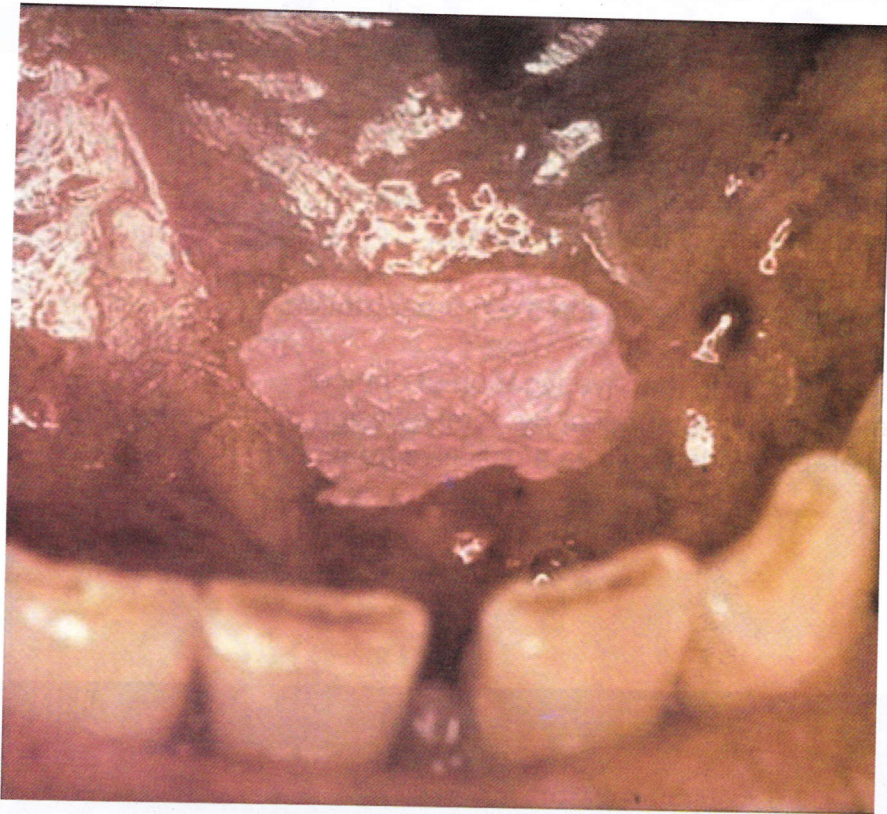




Leukoplakia & Malignancy

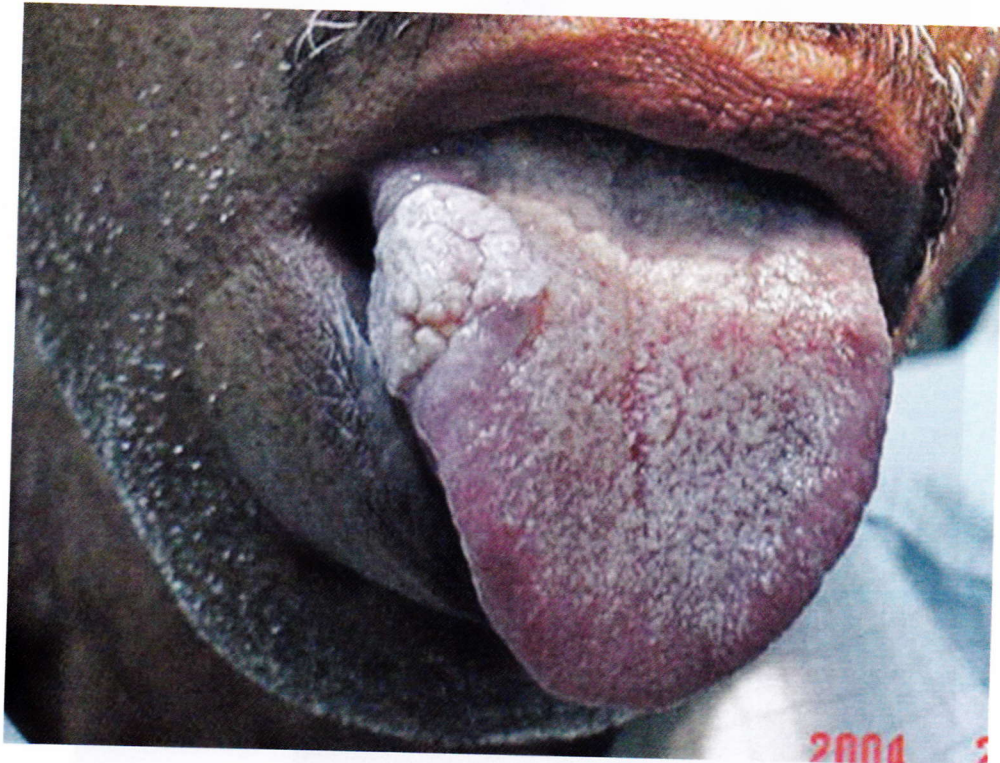
1. The tongue show white areas with redish masses
2. This is a precancerous tongue lesion
3. It may follow chronic tongue infection or smoking
4. Usually affect posterior 1/3 of tongue
5. There is traumatic granulomatous lesion on the tongue
6. Usully arises from midline of the tongue
7. Microscopically it is denocarcinoma
8. This particular tumor firstly affect lower deep cervical lymph nodes
9. Spread mainly by blood
10. Commonly affect young males especially the aferican
11. Ulcer is the usual first presentation
12. Biopsy is essential for diagnosis
13. Tumor without lymph nodes enlargement treated by commando while with lymph node enlergment treated by total radical glossectomy





Carcinoma of the Tongue

1. This picture show a malignant ulcer
2. Commonly this lesion affect old males
3. Smoking is a common predisposing factor
4. Usually this lesion is adenocarcinoma
5. Spread mainly by blood
6. Pain during swallowing is the main presentation
7. Patient may presented by 2nd hge
8. Incisional biopsy is the investigation of choice
9. Treatment is mainly surgical by total excision of the tumor
10. Radiotherapy needed only as a palliative treatment



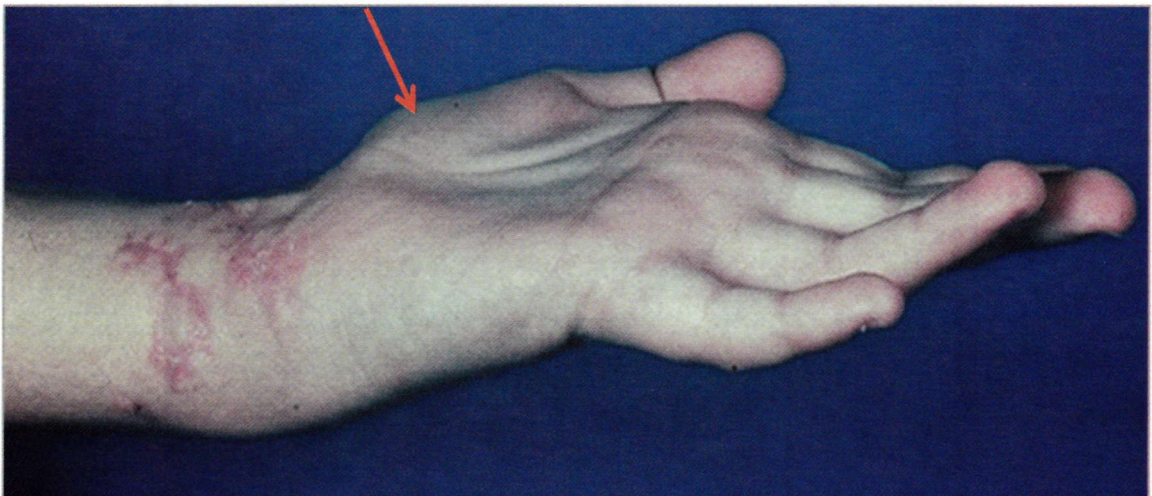


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Neurosurgery Jars

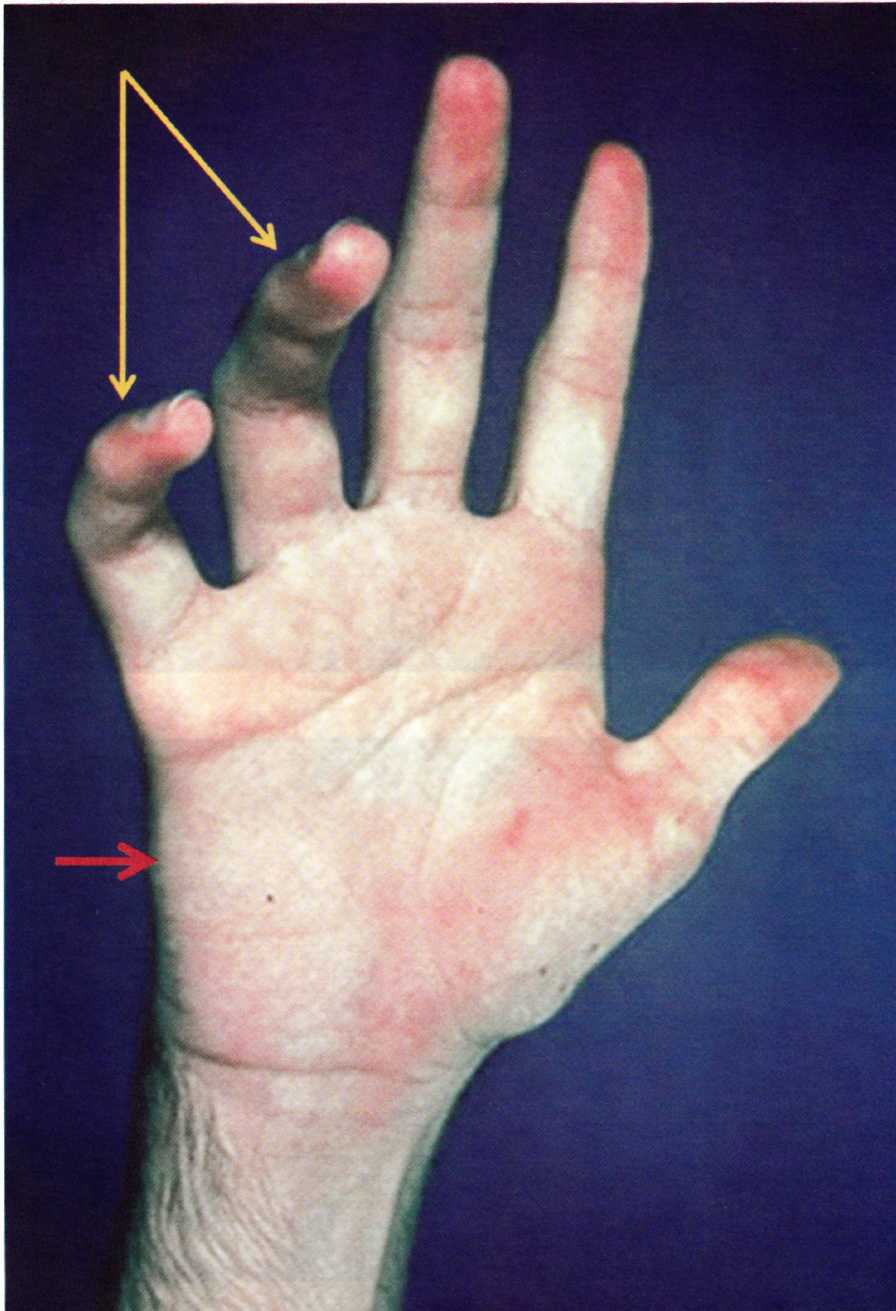
Median Nerve Injury

1. A picture of ulnar nerve injury
2. There is hypothenar muscles wasting
3. There is thumb adduction
4. Injury usually occur in axilla
5. There is complete paralysis of all muscles of the thumb
6. Clinically there is coin like sensory loss at the thumb base
7. There is loss of opposition
8. Arthrodesis is the treatment of choice
9. The deformity here is ape hand deformity



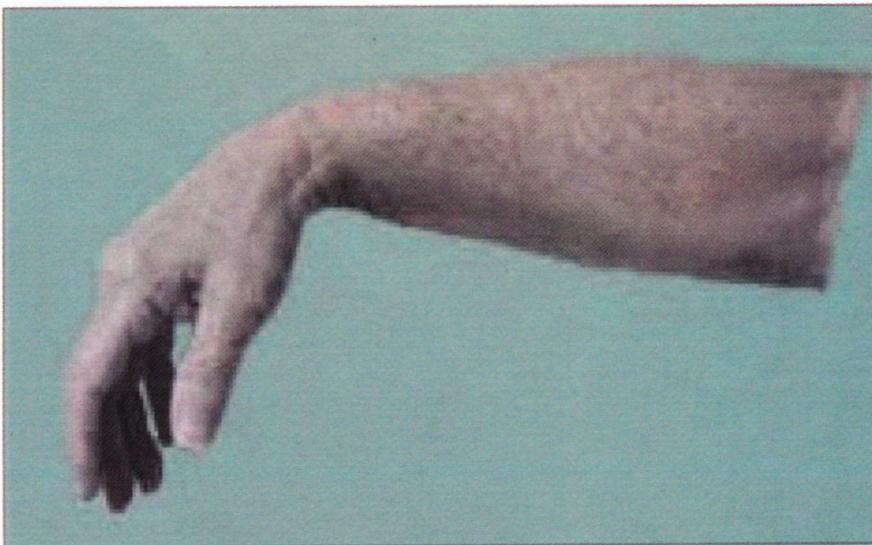
Ulnar Nerve Injury

1. A picture of ulnar nerve injury
2. There is complete hand clowning
3. Hallux valgus may be a cause of this deformity
4. There is complete lumbricoid muscles wasting
5. No sensory loss affecting hand
6. There is positive froment's test
7. Injury at elbow will cause ulner paradox



Radial Nerve Injury

1. A picture of median nerve injury
2. There is wrist drop and fingers drop
3. Injury at axilla cause only fingers drop
4. Elbow dislocation is a possible cause
5. There is loss of sensation at base of the thumb
6. Treatment is only surgical



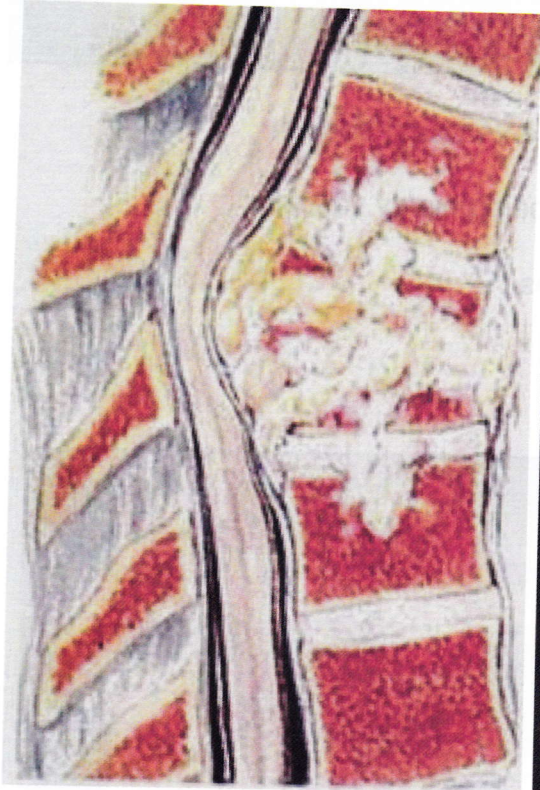
-10-

Orthopedic Jars

Pott's Disease

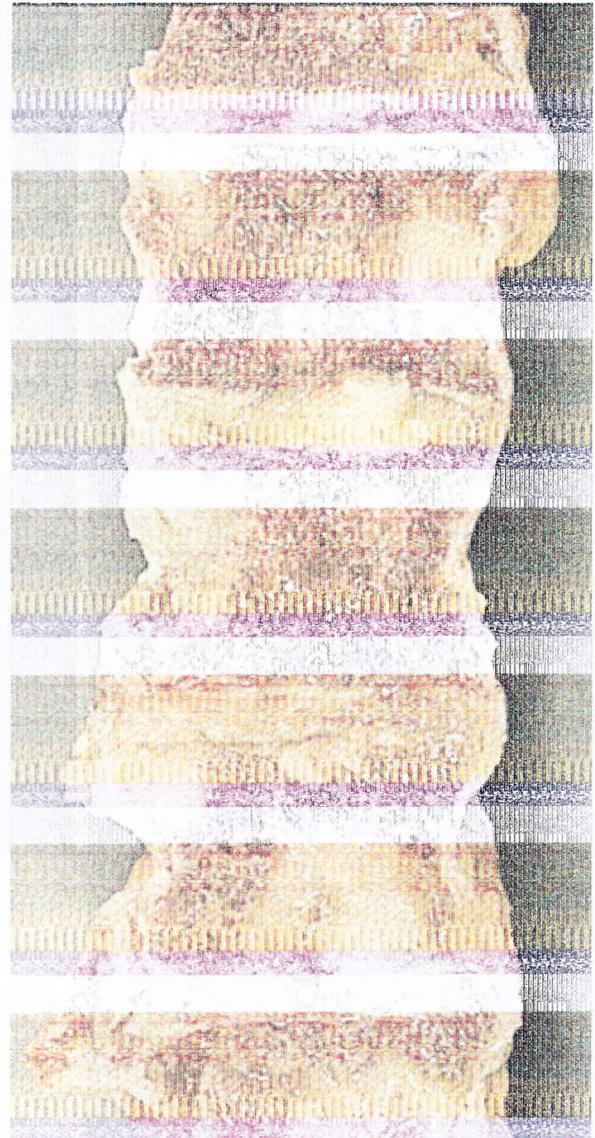
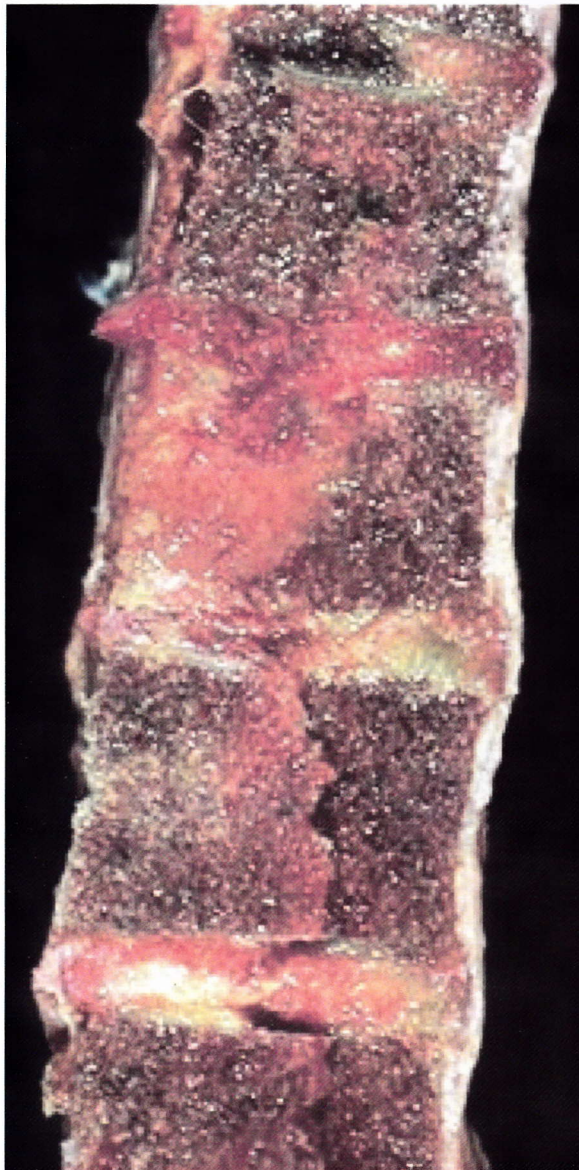
1. This is a premortam specimen
2. There is destruction of the adjacent 2 vertebrae
3. This is a metastatic vertebral bone disease
4. This pathology usually affect upper thoracic and lower cervical region
5. Intervertebral disc usually spared in this pathology
6. Spinal cord affection may occur leading to paralysis
7. More common in children
8. Back pain is the usual first presentation
9. Lordosis is the commonest skeletal complication
10. There is extensive bone reformation
11. Treatment is mainly surgical





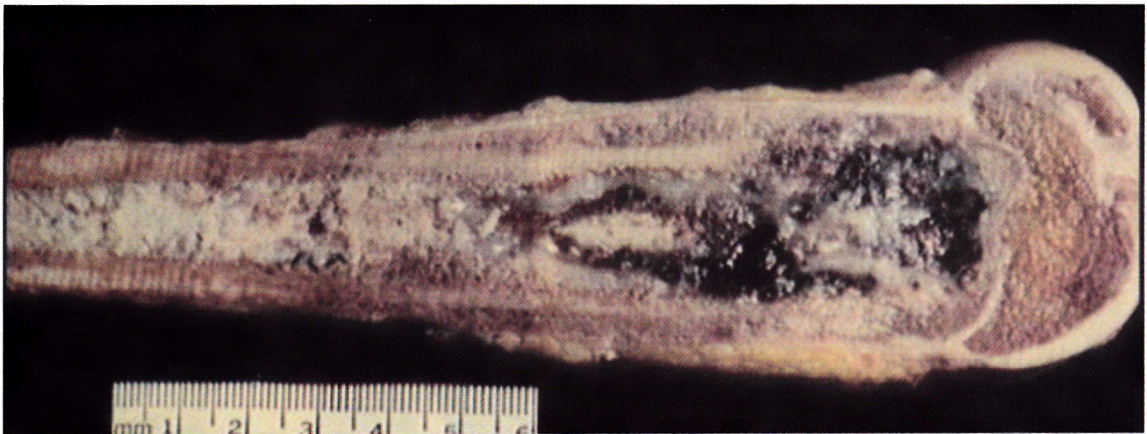
Vertebral Metastasis

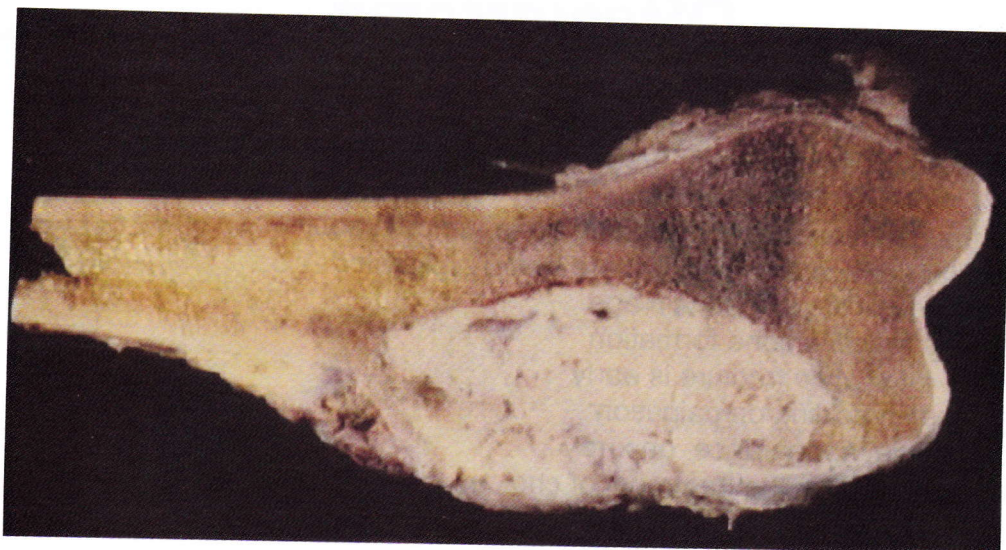
1. This is a post mortem vertebral bone specimen
2. There are multiple yellowish nodules in the vertebral bodies
3. This is 2ry vertebral bone tumor
4. Usually destroys the intervertebral discs being highly vascular
5. It may cause spinal cord affection
6. Prostate, breast are rare sites for primaries
7. Mainly spread to bone by lymphatics
8. Back pain is the earliest presentation
9. Treatment is essentially surgical



Osteosarcoma

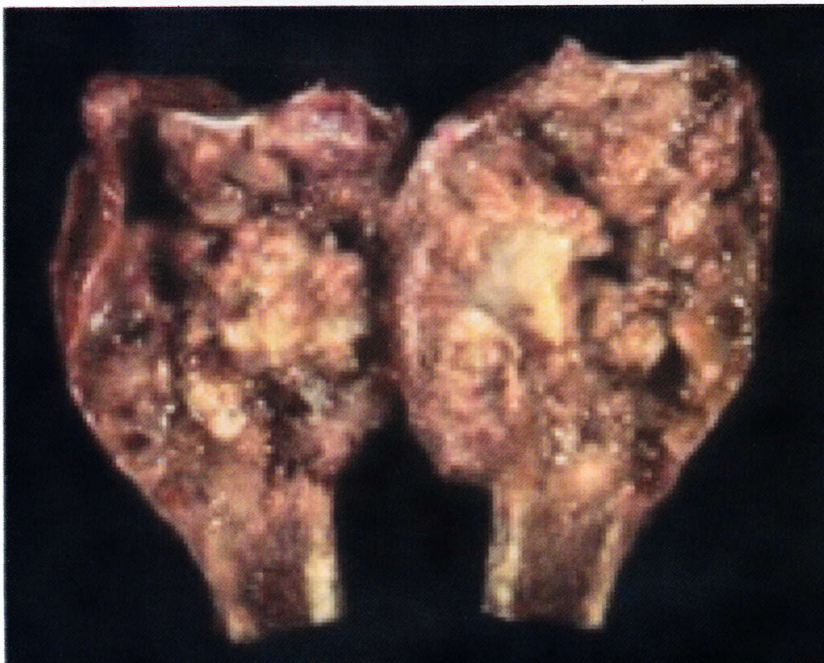
1. This is osteosarcoma of the femur
2. Arises from epiphysis of long bone
3. There is whitish mass with areas of hge and necrosis
4. 80% of cases affect upper end femur
5. It is the commonest 1ry malignant bone tumor in adult
6. Articular surface and medulla are heavily infiltrated
7. 4th decade of life is the main age
8. There is reactive bone formation
9. Pain is late while fracture is early
10. Egg shell crackling on palpation
11. Soap bubble appearance on x-ray
12. Chemotherapy is the treatment of choice





Giant Cell Tumor

1. This is an osteosarcoma
2. Cortex is heavily destroyed while cartilage is spared
3. Commonly occur around elbow joint
4. Usually affect adolescent males
5. This is a picture of aggressive truly malignant bony mass
6. Medulla not infiltrated by this mass
7. Pain is an early presentation
8. Pathological fracture may occur early
9. Egg-shel crackling sensation on palpation
10. X-ray show sun ray appearance and codman triangle
11. Early lung metastasis may occur
12. Treatment is mainly by radiotherapy



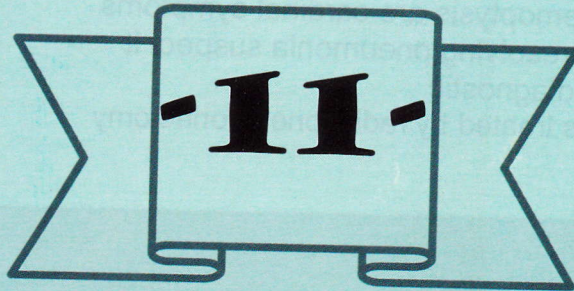


Chondrosarcoma

1. A malignant bone tumor with cartillaenous formation
2. Commonly affect distal end femer
3. The mass is cystic bluish extending to epiphysis
4. Usually affect middle aged people
5. Pain and pathological fracture may occur
6. This is osteoclastoma of femer
7. Mainly spread by lymphatics.
8. Treatment is essentially surgical







Chest Jars

Bronchogenic Carcinoma

1. A premortem specimen for lung and bronchi
2. There is a well defined rounded yellowish mass
3. It is a locally malignant bronchial tumor
4. It is mainly adenocarcinoma
5. Commonly affect old males
6. Asymptomatic in 60% of cases
7. Cough and haemoptysis are cardinal symptoms
8. Patient with unresolving pneumonia suspect it
9. Chest x-ray is diagnostic
10. Operable cases treated by radical pneumonectomy





ANSWERS**SWELLING****KELOID**

1-F	2-T	3-T	
4-T	5-T	6-F	7-T

RANULA

1-F	2-F	3-F	
4-T	5-F	6-T	7-F

Cystic hygroma

1-F	2-T	3-T	
4-F	5-F	6-T	
7-T	8-T	9-t	

Hemangiomas

1-F	2-F	3-T	
4-T	5-F	6-F	
7-F	8-F	9-F	

THYROGLOSSAL CYST

1-f	2-F	3-F	
4-T	5-T	6-F	
7-F	8-T	9-F	10-F

BREAST**Breast abscess**

1-F	2-F	3-T	
4-F	5-F	6-F	
7-T	8-F	9-T	
10-F	11-F	12-t	
13-F	14-F		

Fibroadenoma

1-T	2-F	3-F	
4-F	5-F	6-T	
7-F	8-F	9-F	
10-T	11-T	12-F	13-T

Fibrocystic disease

1-F	2-T	3-F	
4-F	5-F	6-T	
7-T	8-T	9-F	
10-T	11-T	12-F	13-F

Cancer breast

1-T	2-According(ACC)	3-ACC	
4-ACC	5-ACC	6-T	
7-T	8-F	9-T	
10-T	11-F	12-F	
13-T	14-F	15-F	
16-F	17-T	18-F	
19-T	20-T	21-T	
22-F	23-T	24-T	25-F

Paget's disease

1-T	2-ACC	3-ACC
4-ACC	5-T	6-F
7-F	8-F	9-T
10-t	11-T	12-F
13-F	14-F	

THYROID**Multinodular Goitre**

1-F	2-T	3-T
4-F	5-F	6-T
7-t	8-F	9-F
10-T	11-F	12-F
13-F		

Solitary thyroid nodule

1-ACC	2-ACC	3-T	
4-T	5-F	6-T	7-ACC

Papillary carcinoma

1-T	2-F	3-F
4-F	5-F	6-T
7-T	8-T	9-f
10-t	11-T	

TESTIS**Torsion**

1-ACC	2-F	3-T
4-T	5-T	6-T
7-T	8-F	9-F
10-T	11-T	12-F

Seminoma

1-F	2-T	3-T
4-F	5-F	6-F
7-T	8-F	9-F
10-T	11-F	12-T
13-F	14-T	15-F
16-F	17-F	18-t

Teratoma

1-F	2-T	3-T
4-F	5-F	6-F
7-T	8-F	9-T
10-t	11-T	12-F
13-f	14-F	

Hydrocele

1-F	2-T	3-T
4-F	5-F	6-F
7-T	8-F	9-F

Varicocele

1-F	2-F	3-F
4-T	5-F	6-F
7-F	8-F	9-T
10-F	11-T	12-F
13-F		

VASCULAR**Atherosclerosis**

1-T	2-T	3-F
4-F	5-F	6-F
7-T	8-T	9-T
10-T	11-F	12-F
13-T	14-F	15-F

Aneurysm

1-ACC	2-ACC	3-T	
4-ACC	5-F	6-F	
7-T	8-T	9-F	
10-F	11-T	12-F	
13-F	14-T	15-F	16-T

Gangrenous hand

1-T	2-T	3-F
4-F	5-T	6-F
7-F	8-F	

Gangrenous Foot

1-F	2-ACC	3-ACC
4-F	5-F	6-F
7-T	8-T	9-F
10-ACC	11-T	12-ACC

Ischemic ulcer

1-F	2-T	3-T
4-F	5-T	6-F
7-T	8-F	

GIT**Esophagus****Esophageal atresia**

1-T	2-T	3-T ACC
4-T	5-F	6-T
7-T	8-F	9-F
10-T	11-F	

Pharyngeal diverticulum

1-t	2-F	3-T
4-F	5-F	6-T
7-F	8-t	9-f

Diaphragmatic Hernia

1-F	2-T	3-F
4-F	5-T	6-T
7-F	8-T	9-T
10-F		

Paraesophageal hernia

1-F	2-F	3-F
4-F	5-T	6-T
7-T	8-T	

Achalasia

1-F	2-T	3-F
4-F	5-T	6-F
7-T	8-F	9-F
10-F		

Esophageal Ulcer

1-T	2-F	3-T
4-T	5-F	6-T
7-T	8-F	9-F

Barrett's esophagus

1-T	2-T	3-T
4-F	5-F	6-F
7-F	8-T	9-F

Adenocarcinoma

1-F	2-T	3-ACC
4-F	5-T	6-F
7-F	8-T	9-T
10-F	11-F	12-F
13-F	14-F	15-T

Esophageal varices

1-F	2-T	3-T
4-T	5-F	6-F
7-T	8-F	9-F

Stomach**Peptic ulcer**

1-F	2-F	3-T	
4-T	5-F	6-F	
7-T	8-F	9-F	
10-T	11-F	12-T	
13-F	14-T	15-F	
16-T	17-F	18-T	
19-F	20-F	21-T	22-T

Acute gastric ulcer

1-F	2-F	3-T
4-T	5-T	6-F
7-F	8-T	

Perforated duodenal ulcer

1-F	2-T	3-F
4-F	5-T	6-F
7-T	8-T	9-F
10-F	11-F	12-T

Carcinoma of the stomach

1-F	2-T	3-ACC	
4-ACC	5-ACC	6-F	
7-T	8-F	9-T	
10-T	11-F	12-F	
13-T	14-F	15-T	
16-T	17-T	18-F	19-F

Pyloric stenosis

1-f	2-T	3-T
4-F	5-F	6-T
7-F	8-T	9-T
10-F	11-T	

Hepatobiliary**Calcular cholecystitis**

1-F (according)	2- T (according)	3-F (according)
4- T	5- T	6-F
7-F	8-T	9-F
10-F	11-F	12-F
13-According		

Liver cirrhosis

1-F	2-F	3-F
4-F	5-T	6-T
7-F	8-t	9-T

Liver metastasis

1-F	2-F	3- T
4- T	5- T	6-F
7-F	8- T	9-F

Hepatocellular carcinoma

1-F	2- T	3-F
4 -T	5-F	6- T
7- T	8-F	9-F
10- T	11-F	12-F
13-F	14-F	15-F
16-F		

Hepatic injury

1-F	2- T	3-F
4 -T	5-T	6- T
7-F	8-F	9 -T
10- T	11-F	12-according

Hydatid cyst

1-F	2-F	3-T
4- T	5-F	6-F
7-F	8-T	9- T
10-F	11-F	12- T
13- T	14-F	15-F

Pancreas**Acute pancreatitis**

1-T	2-F	3- F
4-F	5-T	6-T
7-T	8-F	9-T
10-T	11-F	12-T
13-T	14-F	15-T
16-T	17-F	18-F

Carcinoma of pancreas

1-F	2-F	3- T
4 -F	5-F	6-F
7- T	8-F	9-T
10- T	11-T	12-F
13-F	14-T	

Spleen

Rupture spleen

1-T	2-F	3-F	
4-T	5-F	6-T	
7-F	8-T	9-F	10-F

Appendix

Acute appendicitis

1-F	2-F	3-F	4-F
5-F	6-T	7-F	8-T
9-F	10-T	11-F	12-T
13-T	14-F	15-F	16-T
17-F	18-F	19-F	20-T
21-T	22-T		

Intestine

Meckel's diverticulum

1-F	2-T	3-F
4-F	5-F	6-T
7-T	8-F	9-F
10-F	11-T	12-F
13-F	14-F	

Intussusception

1-T	2-T	3-F
4-F	5-F	6-T
7-T	8-T	9-T
10-F	11-T	12-F
13-T		

Volvulus pelvic colon

1-F	2-F	3-T
4-F	5-T	6-T
7-F	8-F	9-F
10-T	11-F	

Adhesive intestinal obstruction

1-T	2-F	3-F
4-T	5-T	6-T
7-T	8-T	9-T
10-F	11-T	12-F

Colonic diverticulosis

1-F	2-F	3-T
4-F	5-F	6-T
7-T	8-T	9-F
10-F	11-F	12-F

Ulcerative colitis

1-T	2-T	3-F
4-F	5-T	6-F
7-T	8-T	9-T

Crohn's disease

1-F	2-F	3-F
4-T	5-T	6-T
7-F	8-F	

Cancer Colon

1-T	2-T	3-T
4-F	5-F	6-F
7-T	8-F	9-T
10-T	11-T	12-T
13-T	14-F	

Familial polyposis coli

1-F	2-T	3-F
4-F	5-T	6-T
7-F	8-T	9-T
10-T		

Imperforate anus

1-T	2-T	3-T
4-F	5-F	6-T
7-T	8-T	9-F
10-F		

Rectal prolapse

1-F	2-ACCORDING	3-F
4-F	5-F	6-T
7-F		

Urosurgery

Solitary renal cyst

1-T	2-T	3-T
4-F	5-T	6-F
7-F	8-F	9-F
10-F		

Polycystic kidney

1-f	2-t	3-F
4-T	5-F	6-F
7-F	8-F	9-F
10-F	11-T	12-T
13-F	14-T	15-F

Horse-shoe kidney

1-F	2-F	3-F
4-T	5-F	6-T
7-F	8-F	

Pelviureteric junction obstruction

1-T	2-F	3-T
4-T	5-f	6-F
7-F	8-T	9-T

Ectopia vesica

1-F	2-F	3-T
4-F	5-T	6-T
7-F	8-T	9-T
10-F	11-T	

Hypospadias

1-F	2-F	3-ACC
4-F	5-T	6-F
7-T	8-F	9-T
10-F	11-T	

Renal injuries

1-F	2-F	3-F
4-T	5-T	6-F
7-F	8-F	9-F
10-T	11-T	12-F

Renal T.B.

1-T	2-T	3-F
4-F	5-F	6-T
7-F	8-F	9-T
10-T	11-F	12-F

Bilharziasis of UB

1-T	2-ACC	3-ACC
4-F	5-F	6-F
7-T	8-F	9-T
10-T	11-T	12-T

Urinary stones

1-ACC	2-ACC	3-T
4-T	5-F	6-F
7-F	8-ACC	9-F
10-T	11-F	12-F
13-F		

Hydronephrosis, Hydroureter

1-T	2-F	3-F
4-ACC	5-F	6-F
7-T	8-T	9-T
10-T	11-T	12-T

Renal cell carcinoma

1-T	2-T	3-F
4-F	5-F	6-F
7-T	8-F	9-T
10-T	11-F	12-T

Wilm's tumor

1-F	2-ACC	3-F
4-F	5-F	6-T
7-T	8-F	9-T
10-F	11-T	

Carcinoma of the urinary bladder

1-F	2-F	3-F
4-F	5-T	6-T
7-F	8-T	9-T
10-T	11-F	

Benign prostatic hyperplasia

1-f	2-T	3-T
4-t	5-F	6-F
7-F	8-T	9-T
10-T	11-F	12-F
13-T	14-F	15-F

PLASTIC**Rodent ulcer**

1-F	2-F	3-T
4-t	5-F	6-F
7-T	8-F	9-F
10-T	11-F	12-T
13-F	14-F	15-T

Squamous cell carcinoma

1-T	2-T	3-F
4-T	5-T	6-F
7-F	8-T	9-F
10-T	11-F	

Epulis

1-F	2-T	3-F
4-F	5-T	6-F
7-F		

Cleft lip

1-F	2-ACC	3-F
4-T	5-F	6-T
7-T	8-F	9-T
10-F		

Leukoplakia & Malignancy

1-T	2-T	3-T
4-F	5-F	6-F
7-F	8-F	9-F
10-F	11-F	12-T
13-F		

Carcinoma of the tongue

1-T	2-T	3-T
4-F	5-F	6-T
7-T	8-F	9-F
10-F		

NEUROSURGERY**Median nerve injury**

1-F	2-F	3-T
4-F	5-F	6-F
7-T	8-F	9-T

Ulnar nerve injury

1-T	2-F	3-F
4-F	5-F	6-F
7-T		

Radial nerve injury

1-F	2-ACC	3-F
4-T	5-T	6-F

ORTHOPEDICS**Pott's disease**

1-F	2-T	3-F
4-F	5-F	6-T
7-T	8-T	9-F
10-F	11-F	

Vertebral metastasis

1-T	2-T	3-T
4-F	5-T	6-F
7-T	8-F	9-F

Osteosarcoma

1-T	2-F	3-T
4-F	5-T	6-F
7-F	8-T	9-F
10-F	11-F	12-F

Gaint cell tumor

1-F	2-F	3-F
4-F	5-F	6-F
7-T	8-F	9-T
10-f	11-F	12-F

Chondrosarcoma

1-T	2-F	3-F
4-T	5-T	6-F
7-F	8-T	

CARDIOTHORACIC**Bronchogenic carcinoma**

1-F	2-F	3-F
4-F	5-T	6-F
7-T	8-T	9-F
10-T		

رقم الايداع - ٢٠١١-١٩٧٢٦

الرقم الدولي - ٩٧٧-١٧-٧٩٨٦

